FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 29 AMII: 27

1. Name of Limited Partnership	A09736	AENI#		-	
1000 INTERNATIONAL, LTD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as	
1000 E. ATLANTIC BLVD. SUITE 100 POMPANO BEACH FL 33060	1000 E. ATLANTIC BLVD. SUITE 100 POMPANO BEACH FL 33060	SUITE 100		\$348,534.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	City & State 59-2154678 7. Certificate of Status Desired			\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	tate (See rev	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office					
CHIESA, SUSAN G. 1000 E. ATLANTIC BLVD. SUITE 100 POMPAMO BEACH FL 33060		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
		City FL Zip Code			
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	ee or registered agent, or both, in the State of Flo ations of section 620.192, Florida Statutes.	vida. Such change wa	s authorized by its general partner(s). I hereby	accept the a	ppointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each Gene	ral Partner	b. City, State & Zip Code	11c.	Registration/ Document Number
CHIESA, SUSAN G.	1000 E. ATLANTIC BLVI)	POMPANO BEACH FL SOCO2 -01/14/ ****14	741	769—-1 1075—016
			<u></u> ውጥ ውጥ <u>\$</u> ™	# # C.3	<i>~~~</i> ~~171∠∪

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

	28,1998
Typed or Printed Name of General Partner Signing Form 5059 G, Chiesa Daytime Telephone Number (954) 9	941-1039