FILE ON OR BEFORE DECEME WILL BE SUBJECT TO RE	ER 31, 1998 OR LIMITED PAI VOCATION AND <u>\$500 PENAI</u>				
LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	FLORIDA DEPAR Sandra B Secretar	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division OF CORPORATIONS		FILED 98 DEC -8 AN 9:42	
1. Name of Limited Partnership	1a. DOCUM A02922			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DSH, LTD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
3038 E COMMERCIAL BLVD. FT LAUDERDALE FL 33308	3038 E COMMERCIAL BLVD. FT LAUDERDALE FL 33308			\$25,134.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For	
City & State		-		<b>\$8.75</b> Additional Fee Required	
			8. Make check payable to: Dept. or	State (See reverse side for fee information)	
9. Name and Address of Curr	ent Registered Agent	Name	10. If changed, new Registere	nd Agent/Office	
SCHIRRMAN, GEORGE J. 3038 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligati	or registered agent, or both, in the State of Flor			e State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting Appointment)					
A GENERAL PARTNER THA	ST BE REGISTERED AN	D ACTIVE WI	TH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office B		City, State & Zip Code	11c. Registration/ Document Number	
SCHIRRMAN, GEORGE J.	3038 E COMMERCIAL BI	.V FT	. Lauderdale Fl	( ) 11 DR9F003 (8/80)	
			8000027 -12/21/ *****21	9301009021 94.69 ****264.69	
Note: General partners MAY NO					
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance w this annual report is true and accurate and that my empowered to execute this report as required by ch	ith Section 119.07(3)(k) in the event that the in signature shall bave the same legal effects as i	formation supplied is deer	ned exempt from public access. I furthe	r certify that the information indicated on	
SIGNATURE	- Harund		DATE	12/3/98	
Typed or Printed Name of General Partner Signing Form	GEORGE J. SCHIRE	RMAN	Daytime Telephone Number 9	4-771-2200	