FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

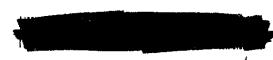
Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

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THREE POINTS INDUSTRIAL	CENTER, LTD.					4/ 12/17	
Mailing Address	Principal Office Address		3	Date Formed or Registered	5a. Capital Contributions as Shown on record.		
-199-WILSHIRE BOULEVARD				09/11/1974	\$244,639.00		
CASSELBERRY FL 32707			3	a. Date of Last Report			
				03/24/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address 154 WILSHIRE BLVD.	2a. Principal Office Address 154 Wilstire BLVD.			State or Country of Formation	lo dale:		
Sulle, Apt. #, etc.	Suite, Apt. W, etc.			FEI Number			
City & State	City & State			59 -1585765	Applied For Not Applicable		
CASSELBERRY, FL	CASSELBERRY, FL		7.	Certificate of Status Desired	\$8.75 Additional Fee Required		
32707 COUNTY	Zip 'Country 32707		8.	8. Make check payable to: Dept. of State (See reverse side for les Information)			
9. Name and Address of Current Registered Agent		10, If changed, new Registered Agent/Office					
		Name					
MORLEY, PATRICK M	Street Ad		dress (P.O. Box Number is Not Acceptable) 4 WILSHIRE BLVD.				
CASSELBERRY FL 32707	Suite, Apt. #						
	City			FL Zip Code			
10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner Numbers)	11b.	City, State & Zip Code	11c. (Registration/ Document Number	
MORLEY, PATRICK M.	342 OLULU DR		WINTER PARK FL 2000023		3781	329	
•			2000023 -12/13/ ****54		97010 1.25 *	90022 ***\$41.25	
Note: General partners MAY NOT be changed on this form: an amendment must be filed to change a general partner.							

12. 1do hereby certify that the information supplied with this liling 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 fiability 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.

SIGNATURE _