FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

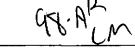
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

A08542

BELLEAIR FOREST, LTD.





98 MAR -5 AN 10: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Malling Address	Principal Office Address		3. Date Formed or Registered	Shown on record.	
% JC BRADFORD	% JC BRADFORD		01/30/1980	\$60,322.00	
800 SHADES CREEK PARKWAY. SUITE 800 BIRMINGHAM AL \$5209	800 SHADES CREEK PARKWAY. SUI BIRMINGHAM AL 35209	TE 800	3a. Date of Last Report 04/21/1997 4. State or Country of Formation		
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		(0 000)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Z _I p Co	Zip Country		Fee Required State (See reverse side for fee information)	
9. Name and Address of Curr	ent Registered Agent		10. If changed, new Registere	d Agent/Office	
	Nama				
CONKLIN, LESLIE M. 16120 U.S. HWY 19 NORTH		Street Address (P.O. Box Number la Not Acceptable)			
SUITE 210	Suite, Apt. #, et		etc.		
CLEARWATER FL 34624		City		FL Zip Code	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	T IS A CORPORATION, LIN	NITED PAR	DATE TNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	ST BE REGISTERED AND Address of Each General Pa 11a. (Do NOT Use Post Office Box No	door !	City, State & Zip Code	11c. Registration/	
MALONE, ARTHUR E.,JR	800 SHADES CHEEK PARK		IRMINGHAM AL 35209		
BAIRD, WINFIELD M.	3536 VICTORIA RD.		IRMINGHAM AL 35223		
			2000024 03/13	456732 1 (*********************************	
			米米米14	11.25 ****141.25	
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Note: General partners MAY NO	T be changed on this form; a	an amendm	ent must be filed to cha	ange a general partner.	
12. I do hereby certify that the information supplied wit Corporations from any liability of non-compliance w					

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

JR

empowered to execute this report as required by chapter 620, Florida Statutes.