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

1. Name of Umited Partnership

a. DOCUMENT # A12847

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS \$150°\$8 NOV 30 AM 11: 49

GLADES-PIKE INVESTORS	, LTD.			
Mailing Address 7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434	Principal Office Address 7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434		3. Date Formed or Registered 07/13/1982 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Mailing Address	2a. Principal Office Address		11/14/1997 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$3,100.00
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		6. FEI Number 59-2227222	Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)
**				
9. Name and Address of Current Registered Agont		10. If changed, пеw Registered Agent/Office		
FEURRING, DOUGLAS R. 7777 GLADES ROAD		Name Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 310 BOCA RATON FL 33434		Suite, Apt. #, etc	0.	\ Ziplada

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, submitted is state 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 register 10a. 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 C	ORPORATION, LIMITED	PARTNERSHIP OR OT	HER BUSINESS ENTITY
MUST BE F	REGISTERED AND ACTI	<u>VE WITH THIS OFFICE.</u>	

MIGST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
S & F/STATEWIDE, INC.	7777 GLADES ROAD #310	BOCA RATON FL 33434	K10183		
; /		40000270 -12/09/98 ****150			

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

t 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. 1 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 of required by chapter 620, Floridal Statutes.

SIGN	ATU	IRE
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Typed or Printed Name of General Partner Signing For

11/16/98