

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 27 PM 12:34

1. Name of Limited Partnership
NEPTUNE PARTNERS, LTD.

1a. DOCUMENT #
A15167



000001968500
-10/09/96--01006--002
****585.00 ****585.00

Mailing Address
C/O JAMES A. WINTHER
P. O. BOX CJ
WILLIAMSBURG VA 23187

Principal Office Address
C/O JAMES A. WINTHER
P. O. BOX CJ
WILLIAMSBURG VA 23187

3. Date Formed or Registered
08/25/1983

5a. Capital Contributions as Shown on record.
\$80,000.00

3a. Date of Last Report
10/09/1995

5b. Amount of Capital Contributions in FL ORIGINIA to date:
80,000

2. Mailing Address
C/O JIM WINTHER
Suite, Apt. #, etc.
P.O. Box 329
City & State
PLACIDA, FL
Zip
33946 Country
USA

2a. Principal Office Address
C/O JIM WINTHER
Suite, Apt. #, etc.
P.O. Box 329
City & State
PLACIDA, FL
Zip
33946 Country
USA

4. State or Country of Formation
FL

6. FLI Number
33-0040723
 Applied For
 Not Applicable

7. Certificate of Status Desired
 \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office
Name
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 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) _____ DATE _____

**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)
WMI CORP (A FLA CORP)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)
C/O JIM WINTHER
~~**22 HAMPTON KEY**~~
11000 PLACIDA RD
UNIT 1802

11b. City, State & Zip Code
~~**WILLIAMSBURG VA**~~
PLACIDA, FL
33946

11c. Registration/Document Number
G56749

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.

SIGNATURE: *James A. Winther* Pres of GP (WMI CORPORATION) DATE: **9/20/96**
Typed or Printed Name of General Partner Signing Form: **JAMES A. WINTHER**

CP-2E003 (5/96)