

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

FILED
98 DEC 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership COPANS CENTER, LTD.	1a. DOCUMENT # A16282
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Mailing Address 614 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33301	Principal Office Address 614 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33301	3. Date Formed or Registered 01/26/1984	5a. Capital Contributions as Shown on record. \$95,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/07/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2347105
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent MILLER, THOMAS J. 614 S. FEDERAL HWY. FT. LAUDERDALE FL 33301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MILLER, THOMAS J. FAZIO, D. FREDICO BANKS, WALTER L.	614 S. FEDERAL HWY. 633 SOUTH ANDREWS AVE 1700 S. OCEAN LANE	FT. LAUDERDALE FL FT. LAUDERDALE FL FT. LAUDERDALE FL	700002743017-15 -01/15/98--01000--022 *****526.25 *****526.25

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

Thomas J. Miller

DATE

12/20/98

Typed or Printed Name of General Partner Signing Form

Thomas J. Miller

Daytime Telephone Number

(954) 764-6550

CR2E003 (8/98)