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 Limited Partnership

DOCUMENT# A16844

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SECRETAR (UF STATE TALLAHASSEE, FLORIDA



WESTGELT LIMITED PARTNERSHIP							
Mailing Address P.O. BOX 160038 ALTAMONTE SPRINGS FL 32716	Principal Office Address P.O. BOX 160038 ALTAMONTE SPRINGS FL 32716 2a. Principal Office Address		3. Date Formed or Registered 04/18/1984 3a. Date of Last Report 11/17/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$1,047,200.00 5b. Amount of Capital Contributions in FLORIDA to date:			
2. Mailing Address Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number 59-2441127	Applied For Not Applicable			
City & State Zip Country	City & State Zip (- Dountry	7. Certificate of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee information)			
for the purpose of changing its registered office or registered agent, or both, in the State of Floridi agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not Accordance Publication 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							TY
11 Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 44h	City, State & Zip Code	11c.	Regist	ation/	r
GELT, INC. VISTA LINDA, N.V., INC.	120 43RD AVENUE 120 43RD AVENUE		VERO BEACH FL		G96338 848160		
Note: General partners MAY NOT b	e changed on this form	; an amendm	ent must be filed to cha	AL inge a g	NOV eneral p		1998 er.

1 do hereby certify that the information supplied with this filling 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 cath. 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

Typed or Printed Name of General Partner Signing form FRED R. TUERIE

Daytime Telephone Number (407) 331-7249