


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT 29 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership APEX PROPERTIES, LTD.		1a. DOCUMENT # A17678 <i>98-AR CM</i>	
Mailing Address 14TH FLOOR 501 E. KENNEDY BLVD. TAMPA FL 33602	Principal Office Address 14TH FLOOR 501 E. KENNEDY BLVD. TAMPA FL 33602		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip Country	Zip Country		



3. Date Formed or Registered 08/17/1984	5a. Capital Contributions as Shown on record. \$900,000.00
3a. Date of Last Report 05/20/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. 900,000.00
6. FEI Number 59-2436946 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 EVANS, THOMAS P 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602	10. If changed, now 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) EVANS FARMS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1400, 501 E. KENNEDY B	11b. City, State & Zip Code TAMPA FL	11c. Registration/ Document Number F86970
<div style="text-align: right;">100002343811-5 -11/17/97--01163--015 ****541.25 ****541.25</div>			

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 P. Evans, President

DATE _____

Oct 24 1997

Typed or Printed Name of General Partner Signing Form _____

EVANS FARMS, INC

Daytime Telephone Number _____

(813) 932-2898

CR2E003 (5/97)