


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A17842			
GARY WAKSTEIN FAMILY LIMITED PARTNERSHIP					
Mailing Address 4412 DELWOOD LANE PANAMA CITY FL 32408		Principal Office Address 1605 WALOO LANE P O BOX 27302 PANAMA CITY BEACH FL 32411		3. Date Formed or Registered 09/13/1984	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2438156	
Zip		Zip		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		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)					

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 DEC 31 AM 9: 58




9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
WAKSTEIN, GARY 1605 WALOO LANE PANAMA CITY BEACH FL 32407		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		200002403162--5 -01/16/98--01070--023 ***156.25 FL ***156.25	

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
WAKSTEIN, GARY	1605 WALOO LANE	PANAMA CITY BCH. FL	

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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

GARY WAKSTEIN

Daytime Telephone Number _____

12/28/97
 850-234-6112

CR2E003 (6/97)