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

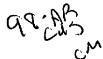
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A18631**

CARRIAGE CLUB ASSOCIATES, LTD.



FILED
97 OCT 20 PM 1: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.						
4415 5TH AVE. PITTSBURG PA 15213	4415 5TH AVE. Pittsburg pa 15213		12/21/1984 3a. Date of Last Report	\$180,000.00						
			11/25/1996							
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:						
2. Malling Address	28. Principal Office Address		FL	0.00						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 25-1502749	Applied For Not Applicable						
City & State	City & State		7. Certificate of Status Desired							
Zip Country	Country Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information							
•			O. Make check payable to: Dept. of	State (See reverse side for lee Information)						
9. Name and Address of Current Registered Agent LEWIS, ANSBACHER 4215 SOUTHPOINT BLVD,		Name Street Address (P.O. Box Number is Not Acceptable)								
					SUITE 100	Sulte, Apt. #, ¢		etc.		
					JACKSONVILLE FL 32216		City FL Zip Code amed (imited partnership organized or registered under the laws of the State of Florida, submits this statement			
A GENERAL PARTNER TH	IAT IS A CORPORATION, LIMI UST BE REGISTERED AND A	TED PART	NERSHIP OR OTHE							
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numl		City, State & Zip Code	11c. Registration/ Document Number						
WESTCO MANAGEMENT, INC.	1001 3RD AVE. #460			H34759						
			800002 -18/2 ****	23313283 8/9701037003 550.00 ****550.00						
Note: General partners MAY t	NOT be changed on this form; an	amendme	nt must be filed to ch	ange a general partner.						
Corporations from any fiability of non-compliant this annual report is true and accurate and that empowered to execute this report as required to	44 (2)	on supplied is deer ander oath. I furth	ned exempt from public access. I furt er certify that I am a General Partner o	her certify that the information indicated on if the limited partnership, receiver or trustee						
SIGNATURE A MANU U	M CONNOU V.P. Diane G. Connor V.		DATE	10-1-97						
Typed or Printed Name of General Partner Signing For	m Diane G. Connor V	P.	Daytime Telephone Number	412.578-7800						