FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION **AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997



Suite, Apt. #, etc.

City & State

Zip

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Suite, Apt. #, etc.

City & State

Zip

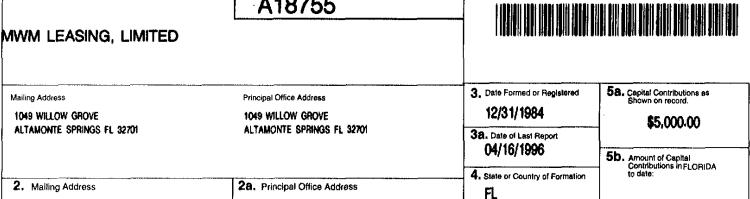
DOCUMENT # A18755

97 APR - L AMII: 17

6. FEI Number

59-2503748

7. Certificate of Status Desired



	8, Make check payable to: Dept. of State (See reverse side for fee information	1)		
9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
MATHENY, KLARE H 1049 WILLOW GROVE ALTAMONTE SPRINGS FL 32701	Name			
	Street Address (P.O. Box Number Is Not Acceptable)			
	Suite, Apt. #, etc.			
	City Zip Code			

Country

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)

Country

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers Registration/ 11c. 11. 11b. City, State & Zip Code Name(s) of General Partner(s) Document Number 1049 WILLOW GROVE ALTAMONTE SPRINGS FL MATHENY, KLARE H 50000215186 -04/02/97-201**X**(

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 118.07(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 path. I further certify that I am a General Pariner of the limited partnership, receiver or trustee

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Klare Ot. Mathery
Klare H. Mathery Typed or Printed Name of General Partner Signing Form

Applied For

Not Applicable

\$8.75 Additional Fee Required

Daytime Telephone Number