

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

FILED

99 APR -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A18755	
MWM LEASING, LIMITED			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
1049 WILLOW GROVE ALTAMONTE SPRINGS FL 32701	1049 WILLOW GROVE ALTAMONTE SPRINGS FL 32701	12/31/1984	\$5,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/13/1998	
City & State	City & State	4. State or Country of Formation	
Zip	Country	FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		59-2503748	
		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	10. If changed, new Registered Agent/Office
MATHENY, KLARE H 1049 WILLOW GROVE ALTAMONTE SPRINGS FL 32701	Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City
	000002837500--4 -04/13/99-01017-012 *****52.50 *****52.50 FL Zip Code

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
MATHENY, KLARE H	1049 WILLOW GROVE	ALTAMONTE SPRINGS FL	000002837500--4 -04/13/99-01017-013 *****88.75 *****88.75 4.7-99

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

Sandra B. Mortham

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)