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

LIMITED PARTNERSHIP ANNUAL REPORT '1998



SIGNATURE Phillip Q. Throwas
Typed or Printed Name of General Parlner Signing Form Phillip A. Thomas

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

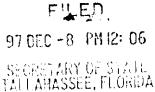
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A19620**

NMIP, LTD.







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illing Address Alegriano	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
DIRECTOR TOPOLIAGE	% PHILLIP A. THOMAS /233.		04/02/1985	\$74E 000 00
WHEN A TRUMPS 1233 Adaption and and	8250 N W 27-07. #305 A CO	zriano An	3a. Date of Last Report	\$715,000.00
ral Gabler, FL 3314		les PC	01/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Malling Address	2a. Principal Office Address	33146	4. State or Country of Formation	to date:
Mailing Address	Lu: Tillelpa Office Address		FL	
ite, Apt. #, etc.	Suite, Apt. #, etc		6. FEI Number	Applied For
y & State	City & State		59-2547476	Not Applicable
			7. Certificate of Status Desired	\$8.75 Additional Fee Required
o Country	Zip Country		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	
THOMAS, PHILLIP A.	i	Name		
1233 ALEGRIANO AVENUE		Střeel Address (P.O. B	ox Number 15 Not Nice (1241)	375102 5 /9701078001
CORAL GABLES FL 33146		Suite, Apt. #, etc.	****5	/9701078001 41.25 ****541.25
	,	City		Zin Code
				FL
A GENERAL PARTNER THAT IS	 -	IMITED PART	DATE TNERSHIP OR OTHE TH THIS OFFICE	
Name(s) of General Partner(s)	11a. Address of Each General	Partner 44h	City, State & Zip Code	11c. Registration/ Document Number
THOMAS, PHYLLIGHT PAULUE A.	1233 ALĖGRIANO AVENUI	E COI	ral gables fl	
GRANOFF, EDWARD	9003 N.W. 23RD PLACE		RAL OPRINGS FL 3306	
	13000 8.4.18	W 720	IAMI FL	
			•	
			33184	
oddfyr Naferiaeth o gweleith				
0		ĺ		
Note: General partners MAY NOT b	e changed on this form	en emendes	int must be filed to she	ange a general nartner
				
 I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se 	ction 119.07(3)(k) in the event that the infe	ormation supplied is decr	med exempt from public access. I furth	ner certify that the information indicated i
this annual report is true and accurate and that my signa	ture shall have the same legal effects as it	f made under oath. I furth	er certify that I am a General Partner o	f the limited partnership, receiver or fru