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

LÍMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A20717

FILED 97 NOV 20 AM 9: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA



INTERNATIO	NAL DRIVE IN	VESTORS, LTD. (18.AR/U		<u> </u>	
Mailing Address		Principal Office Address	C	, M	3. Date Formed or Registered	58. Capital Contributions as Shown on record
400 E. SOUTH ST. 400 E. SOUTH ST. SUITE 500 SUITE 500		400 E. SOUTH ST.			09/09/1985 38. Date of Last Report	\$425,000.00
		ORLANDO FL 32801			02/06/1997	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address		2a. Principal Office Address			4. State or Country of Formation to date FL \$425,000.00	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			6. FEI Number 59-2573294	Applied For Not Applicable
Zip	Country Zip		Country			\$8.75 Additional Fee Required
	9. Name and Address of C				Make check payable to: Dept. of 10. If changed, now Registere	State (See reverse side for fee informatio
for the purpose agent. I am fa	ST. 32801 se provisions of sections 620 10 se of changing its registered of millier with, and accept the obliged Agent Accepting Appointing AL PARTNER THEM	IAT IS A CORPORATIO UST BE REGISTERED	Suite. Apt. City named limited partr of Florida. Such cha N, LIMITED AND ACTIV	#, etc. hership organ inge was auth	****5 ized or registered under the taws of it regized by its general partner(s). I here DATE NERSHIP OR OTHE H THIS OFFICE.	R BUSINESS ENTITY
SENEFF, JAMES M JR. BOURNE, ROBERT A		11a. (No NOT Use Post Office Box Numbers) 400 E. SOUTH ST. #500 400 E. SOUTH ST. #500		ORLANDO FL ORLANDO FL		11c. Pocument Number
à						

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 Trelease 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 \$1.7 and Statutes

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

Robert A. Bourne

DATE 1//7/97
Daylime Telephone Number (407) 422-1574