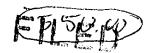
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



THE PARTY PROPERTY.



97 DEC 15 PM 2: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA

Name of Limited Partnership	A23431)/8/ /8/ 0/8// B:	ENT ATAK ANAK ANAK ANAK ANAK		
ALDERMAN ASSOCIATES, L	.TD.							
Malling Address	Principal Office Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.			
P.O. BOX 41847 ST. PETERSBURG FL 33743	5858 CENTRAL AVENUE ST. PETERSBURG FL 33743				10/14/1986 3a. Date of Hall July 2 3 6 1980 00 4 02/27/1997			
2. Mailing Address	28. Principal Office Address	28. Principal Office Address			to dat	1,180.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State			451 Applied For			
City & State Zip Country	70	Z _{ID} Country		7. Certificate of Status Desired	M	\$8.75 Additional Fee Required		
9. Name and Address of Cu	33701			8. Make check payable to: Dept. of the state		orse side for fee information)		
ALDERMAN CENTERS INC 5858 CENTRAL AVE. ST. PETERSBURG FL 33707		Street Address (P.Q. Box Number is Not Accordable) Suite, Apt. #, etc.						
10a, Pursuant to the previsions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment	ce or registered agent of both in the State of jations of section 620/192, Favida Statutes.	City amed United partric Fillipa, Juch chan		ized or registered under the laws of the l		appointment of registered		
A GENERAL PARTNER TH	AT IS A CORPORATION, UST BE REGISTERED A	ND ACTIV	PART E WIT	NERSHIP OR OTHE				
11. Name(s) of General Partner(s)	Address of Each Gon (Do NOT Use Post Office	oral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
ALDERMAN CENTERS, INC.	5858 CENTRAL AVE.		ST. PETERSBURG FL 33707		P93	P93000088822		
			2/17	300002: -12/26 *****?!	3823 7870 74.40	323-4 1014-019 ****550.00 2(15(97)		

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 shalf Jive the same legal effects as if made under eath. Hurther certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report a

SIGNATURE Y

Typed or Printed Name of General Partner Signing F

raig Sher, President

DATE_ 12/10/97 Daytime Telephone Number 813-384-6000