


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HIXON WAREHOUSES, LTD.		1a. DOCUMENT # A24307		
Mailing Address 4400 MARSH LANDING BLVD #7 PONTE VEDRA BEACH FL 32082-1287		Principal Office Address 4400 MARSH LANDING BLVD #7 PONTE VEDRA BEACH FL 32082-1287		3. Date Formed or Registered 03/26/1987
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/19/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		5a. Capital Contributions as Shown on record \$25,000.00
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date 25,000.00
				6. FEI Number 59-2785013 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				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)				

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 23 PM 3: 07

with
12/27



9. Name and Address of Current Registered Agent INGRAM, THOMAS B. 4400 MARSH LANDING BLVD #7 PONTE VEDRA BEACH FL 32082		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number, Not Locatable) 10000121142411-4	
		Suite, Apt. #, etc. -12/31/96-01070-DUG	
		City 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) INGRAM, THOMAS B.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4400 MARSH LANDING BL	11b. City, State & Zip Code PONTE VEDRA BEACH FL	11c. Registration/Document Number
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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


Thomas B. Ingram

DATE **12/19/96**

(904) 285-8645

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)