

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 28 PM 3:33

1. Name of Limited Partnership CIS REALTY, LIMITED		1a. DOCUMENT # A25144	
Mailing Address POST OFFICE BOX 7177 JACKSONVILLE FL 32238		Principal Office Address 4150 OXFORD AVE. JACKSONVILLE FL 32240	
2. Mailing Address		2a. Principal Office Address 13700 Sutton Park Dr. N. #535	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #535	
City & State		City & State Jacksonville, Florida	
Zip	Country	Zip	Country
		32224	Duval



3. Date Formed or Registered 09/09/1987	5a. Capital Contributions as Shown on record \$900,000.00
3a. Date of Last Report 12/07/1995	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-2842334	<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)	

9. Name and Address of Current Registered Agent BARTON, THOMAS L. 4150 OXFORD AVE. JACKSONVILLE FL 32240		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 13700 Sutton Park Dr. N. Suite, Apt. #, etc. #535 City Jacksonville FL Zip Code 32224	
--	--	---	--

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) O.N., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P. O. BOX 7177 N/A	11b. City, State & Zip Code JACKSONVILLE FL 800001936828--0 -11/05/96--01175--009 ****578.25 ****576.25	11c. Registration/ Document Number J78761
--	---	---	--

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 _____

James G. Barton, President of O.N., Inc.

Typed or Printed Name of General Partner Signing Form _____

DATE **October 22, 1996**
(704) 743-2585

Daytime Telephone Number _____

CR2003 (6/96)