

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 24 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*98-AR
EM*

1. Name of Limited Partnership CIS REALTY, LIMITED		1a. DOCUMENT # A25144	
Mailing Address POST OFFICE BOX 7177 JACKSONVILLE FL 32238	Principal Office Address 13700 SUTTON PARK DR. N., SUITE 535 JACKSONVILLE FL 32224	3. Date Formed or Registered 09/09/1987	5a. Capital Contributions as Shown on record. \$900,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/28/1996	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2842334	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	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. 13700 SUTTON PARK DR. N., SUITE 535 JACKSONVILLE FL 32224	10. If changed, new Registered Agent/Office	
	Name	400002331124--0
	Street Address (P.O. Box Number Is Not Acceptable)	-10/28/97--01021--003 ***541.25 ***541.25
	Suite, Apt. #, etc.	
	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
O.N., INC.	P. O. BOX 7177 N/A	JACKSONVILLE FL	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 _____ DATE **October 21, 1997**
James G. Barton, President of O.N., Inc. (704) 743-2585
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/97)