


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 12 PM 1:15

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SUNSHINE NETWORK OF FLORIDA, LTD.			1a. DOCUMENT # A26008		
Mailing Address 100 E. ROYAL LANE SUITE 300 IRVING TX 75039		Principal Office Address 100 E. ROYAL LANE SUITE 300 IRVING TX 75039		3. Date Formed or Registered 02/26/1988	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/01/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$1,980.00	
				5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number 76-0246086	
				<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 information)	

9. Name and Address of Current Registered Agent EPSTEIN, FREDERICK E ESQ. 6560 PONDAPPLE RD BOCA RATON FL 33433		10. If changed, new Registered Agent/Office Name JIM LIBERATORE Street Address (P.O. Box Number Is Not Acceptable) 390 N. ORANGE AVENUE Suite, Apt. #, etc. SUITE 1075 City ORLANDO FL 32801	
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 3 26 99	
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) SUNSHINE NETWORK, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) HW GOODALL 7800 BELFO T HURLEY 1500 MARKET ST	11b. City, State & Zip Code JACKSONVILLE FL 32256 PHILADELPHIA, PA 19102	11c. Registration/Document Number K03823

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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 Corp 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 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 A. Hurley

DATE

3/16/99

Typed or Printed Name of General Partner Signing Form

THOMAS A. HURLEY, president
 SUNSHINE NETWORK, INC., G.P.

Daytime Telephone Number

(215) 981-7580

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