


LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A26867		

Mailing Address %SIMON KONOVER, KONOVER & ASSOCIATES SO. 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433		Principal Office Address %SIMON KONOVER, KONOVER & ASSOCIATES SO. 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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<p>9. Name and Address of Current Registered Agent</p>	<p>10. If changed, new Registered Agent/Office</p>	
<p>ASHENFELTER, MARIA S C/O KONOVER MANAGEMENT SO., INC 7000 W. PALMETTO PARK RD. STE 408 BOCA RATON FL 33433</p>	<p>Name</p>	
	<p>Street Address (P.O. Box Number Is Not Acceptable)</p>	
	<p>Suite, Apt. #, etc.</p>	
	<p>City</p>	<p>Zip Code</p>

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 governing instrument, the partnership agreement, or by its registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

**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
SQUARE ONE STUART, INC.	7000 W. PALMETTO PK RD #408	BOCA RATON FL	M89614 al 1-22

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

Florida Statutes

Maria S. Johnson

DATE _____

1/4/98

Typed or Printed Name of General Partner Signing Form

MARIA S. ASHENTFELTER

Daytime Telephone Number

561-394-4224

12073 (6107)