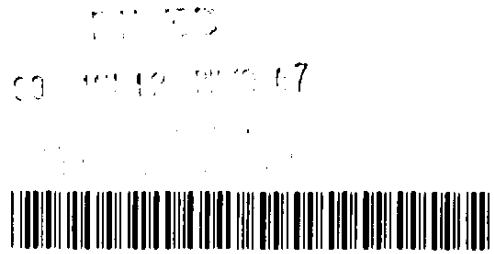


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership EURAMERICAN INVESTMENT LIMITED PARTNERSHIP		1a. DOCUMENT # A27693	
Mailing Address 4786 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 32741		Principal Office Address 4786 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 32741	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	



3. Date Formed or Registered 12/30/1988	5a. Capital Contributions as Shown on record \$2,000.00
3a. Date of Last Report 01/26/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-2947735	<input checked="" type="checkbox"/> \$8.75 Annual Fee Required
7. Certificate of Status Desired	8. Mark the box payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent NADD JOHN SCOTT 4786 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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, organization 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). Thereby 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) EURAMERICAN INVESTMENT CONSU	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4786 W. IRLO BRONSON	11b. City, State & Zip Code KISSIMMEE FL	11c. Registration Document Number M68575
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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 _____
 Typed or Printed Name of General Partner Signing Form: **John Scott Nadd**

DATE: **12/31/98**
 Daytime Telephone Number: **(407) 394-2056**

CR2E003 (8/98)