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

STEVE CORSETTI STEVE 2823 SANDPIPER PLACE 2823 SA CLEARWATER FL 34622 CLEARV 2. Mailing Address 28. Pro	a' Office Address CORSETTI ANDPIPER PLACE NATER FL 34622 incipal Office Address	3. Date Formed or Registered 01/13/1989 3a. Date of Lest Report	5a. Capital Contributions as Shown on record
STEVE CORSETTI STEVE 2823 SANDPIPER PLACE 2823 SA CLEARWATER FL 34622 CLEARW 2. Mailing Address 2a. Pri Sulte, Apt. #, etc. City & State City & S	CORSETTI ANDPIPER PLACE WATER FL 34622	01/13/1989 3a. Dale of Lest Report	
2823 SANDPIPER PLACE 2823 SA CLEARWATER FL 34622 CLEARW 2. Mailing Address 2a. Pr. Sulte, Apt. #, etc. Suite, Apt. #, etc. City & State City & S	ANDPIPER PLACE WATER FL 34622	3a. Date of Last Report	
Sulte, Apt. #, etc. Suite, Apt. City & State City & S	incipal Office Address	12/19/1996	\$165,500.00 5b. Amount of Capital Contributions in FLORIDA
City & State City & S		4. State or Country of Formation	to date:
<u> </u>	pt. #, etc.	FL 6. FE! Number	Applied For
Zip Country Zip	tale	59-2931597	Not Applicable
	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
		B. Make check payable to: Dept. of	State (See reverse side for fee information
9. Name and Address of Current Registered A	gent	10. If changed, now Registere	d Agent/Office
Name Name			***************************************
CORSETTI, STEPHEN E. 2823 SANDPIPER PLACE		ess (P.O. Box Number Is Not Acceptable)	
CLEARWATER FL 34622		, elc.	
	Cily		FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Flor for the purpose of changing its registered office or registered age agent. I am familiar with, and accept the obligations of section 620.	onLor both, in the State of Florida. Such chang	rship organizod or registered under the laws of th ge was authorized by its general partner(s). I here	ne State of Florida, submits this statement
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
A GENERAL PARTNER THAT IS A CO MUST BE RE	EGISTERED AND ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY
	Addrson of Fools Consest Destron	11b. City, State & Zip Code	11c. Registration/ Document Number
MARVI ENGINEERING, INC. 2823	3 SANDPIPER PLACE	CLEARWATER FL	697249
			3942494 78801086017
Note: General partners MAY NOT be chan		※※※★5	41.25 ****541.25

Corporations from any liability of non-compliance with Section 119 7/(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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute

SIGNATURE