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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "

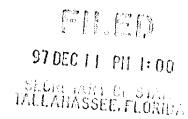
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A27825** 





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Principal Office Address	3, Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
5619 GULF DRIVE	01/26/1989	ACC COF OO	
12/20/1996 5b. Amount of Capita:	3a. Date of Last Report	\$66,835.00	
	5b. Amount of Capital		
	4. State or Country of Formation	Contributions in FLORIDA to date	
28. Principal Office Address	FL	9166,835.00	
Suite, Apt. #, etc.	6. FEI Number	Applied For	
City & State	03 0003340	Not Applicable	
Žip Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	8. Make check payable to: Dept. of State (See reverse side for foo Information		
urrent Registered Agent	10. If changed, new Registere	ed Agent/Office	
	28. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	### D1/26/1989  5619 GULF DRIVE PANAMA CITY BEACH FL 32408  28. Principal Office Address  FL Suite, Apt. #, etc.  City & State  Zip  Country  Suite Address  65-0083346  7. Certificate of Status Desired  8. Make check payable to: Dept. of	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
MAGGIORE, JAY M. 5819 GULF DRIVE PANÁMA CITY BEACH FL 32408	Name   Street Address (P.O. Box Number Is Not Acceptable)   Suite, Apt. #, etc   9000023741490107

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, submitts this statement for the purpose of changing its 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.

MICOT DE REGIOTERED AND ACTIVE WITH THIS OFFICE.				
Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
MAGGIORE, JAY M. 5619 GULF DRIVE	PANAMA CITY BCH FL			
•				

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 flust my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the fimited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Fiorida Statutes. 2 241 863 259 certification.

SIGNATURE

Do m myine

INY M. MAGGIORE

DATE, 12/1/97

Daylinic Telephone Number 850 234 8473