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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



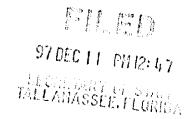
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A27828**





THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "			T LOUISTY LINE HERY LANG! LANG! HERY STAY! BLOCK MISK MISK WISK WINT	
H		20,		4) 12/
Mailing Address	Principal Office Address		3. Date Formed or Registered 01/26/1989	5a. Capital Contributions as Shown on record.
5619 GULF DRIVE PANAMA CITY BEACH FL 32408	5619 GULF DRIVE Panama City Beach FL 324	PANAMA CITY BEACH FL 32408		\$21,549.73
2. Mailing Address	2a. Principal Office Address		12/20/1996 4. State or Country of Formalion FL	5b. Amount of Capital Contributions in FLORIDA to date: \$\{21,549,7}\$
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For Not Applicable
Zip Country	Zip			\$8.75 Additional Fee Required
			8. Make check payable to: Dept. of	State (See reverse side for fee information
9. Name and Address of Current Registered Agent MAGGIORE, JAY M. 5619 GULF DRIVE PANAMA CITY BEACH FL 32408 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above		10. If changed, now Registered Agent/Office Namo		
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. -12/18/9701068004 City *****254.60 *****254.60 amod limited partnership organized or registered under the laws of the State of Florida, submits this statem Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of register		
agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI	ligations of section 620,192, Florida Statutes.	I, LIMITED PA	DATE ARTNERSHIP OR OTHE	<u> </u>
1. Name(s) of General Partner(s)	11a. Address of Each Go (Do NO) Use Post Offic		b. 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 that my signature shall have the same legal offects as if made under early a figure of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. 2 341 863 359 Certain 1900 Certain 1907(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from any liability of non-compliance with Statutes. I release the Division of Corporations from the Division of Corporation from the Di

SIGNATURE ____

Signing form JAYM MAGGITURE

DATE .

Daytime Telophone Number _

12/1/97