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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



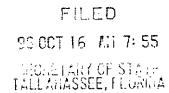
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A28234**



	A20204				
RUBARR TWO, LTD.	augen				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
% Maria M. Rubi	% Maria M, Rubi		04/19/1989	Shown on leade.	
10020 NW 3 CT	10020 NW 3 CT		3a. Date of Last Report	~ \$128;000.00	
PLANTATION FL 33324	PLANTATION FL 33324		01/05/1998	128,000 - (ew)	
				5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
			FL	7-08-0 1111	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	C** 2 C***			Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zlp Country		2 Continuate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
0 11	t-st-t-a-m-1 & m-n-4		40 //		
9, Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office		
RUBI, MARIA M					
10020 NW 3 CT		Street Address (P.	ess (P.O. Box Number Is Not Acceptable)		
PLANTATION FL 33324	Suite, Apt. #,				
	-	City		Zip Code	
				FL	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, submits 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)					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY					
MUST	BE REGISTERED AND	ACTIVE V	WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each General Pa		b. City, State & Zip Code	11c. Registration/ Document Number	
RUBARR, INC.	10020 NW 3 CT		PLANTATION FL 33324	K31755 883155 1	
			5000026 -10/20/9 ****14	\$3651 801073004 1.25 ****141.25	
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 llability 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 accupite and that my signature shall have the same legal effects as if made undity oath. I further certify that I am a General Pertner of the limited partnership, receiver or truster
	empowered to execute this report as the guired by Chaptar 200, Elonida Statuted.

SIGNATURE

Typed or Printed Name of General Partner

Justin Stranger

DATE 10-13-98

__ Davtime Telephone Number 954-56825V3

CRZEUUS (8/86)