

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

530.500

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 22 PM 12:45

1. Name of Limited Partnership	1a. DOCUMENT # A28301
1601 POWERLINE ASSOCIATES, LTD.	



Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
%HIDARY MANAGEMENT, INC. 855 CONEY ISLAND AVE., #200 BROOKLYN NY 11230-1401	%HIDARY MANAGEMENT, INC. 855 CONEY ISLAND AVE., #200 BROOKLYN NY 11230-1401	05/08/1989	\$900,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/20/1996	
City & State	City & State	4. State or Country of Formation	
Zip Country	Zip Country	FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		11-2966373	
		7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

WILLIAM E. CLEMENTS JR. REAL ESTATE INVESTMENT & MANAGEMENT
2700 N. 29TH AVE. #205
HOLLYWOOD FL 33020

10. If changed, new Registered Agent/Office

Name: **Key Corp Services, Inc.**
Street Address (P.O. Box Number Is Not Acceptable): **200 S. Biscayne Blvd.**
Suite, Apt. #, etc.: **20th Floor**
City: **Miami** FL Zip Code: **33131**

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, 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). 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.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
H & G ASSOCIATES Amend-9-30-97 H & G II Associates, L.L.C.	2700 N 29TH AVE., #20- 955 Coney Island Ave. Ste 200	HOLLYWOOD FL - Brooklyn, NY 11230	-893000000286- M97000000651 100002419771--6 -02/03/98--01053--004 ***550.00 ***550.00 cus / KWM

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 _____ DATE **12/3/97**

Typed or Printed Name of General Partner Signing Form: **JONAH GOLOSCHMIDT** Daytime Telephone Number _____

CR2E003 (6/97)