

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SCHICKEDANZ BROS - STUART LTD.		1a. DOCUMENT # A28615	
Mailing Address 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA BEACH FL 33404		Principal Office Address 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA BEACH FL 33404	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 07/12/1989	
		3a. Date of Last Report 12/19/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$10,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date.	
		6. FEI Number 65-0129933	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$6.75 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 SCHICKEDANZ, WALDEMAR 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA BEACH FL 33404		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		100002409341--0 -01/22/98--01/26/006 ****173.FL****173.75	
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
SCHICKEDANZ ENTERPRISES, INC	4152 WEST BLUE HERON BLVD SUITE 116	RIVIERA BEACH FL 33404	K54111
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 <u>Waldemar K. Schickedanz</u> DATE 12/29/97			
By its General Partner, Schickedanz Enterprises, Inc. By Waldemar K. Schickedanz President			

CR2E003 (6/97)