


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

FILED

97 OCT 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<p>LIMITED PARTNERSHIP ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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1. Name of Limited Partnership	1a. DOCUMENT # A29450
FC SQUARE LTD.	



Mailing Address 136 S. RIDGEWOOD DRIVE SEBRING FL 33870-3336	Principal Office Address 3750 US 27 NORTH, SUITE 1D SEBRING FL 33870
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 01/02/1990	5a. Capital Contributions as Shown on record. \$347,159.00
3a. Date of Last Report 02/04/1997	5b. Amount of Capital Contributions in FLORIDA to date \$512,159.00
4. State or Country of Formation FL	
6. FEI Number 59-2980040	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input 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
BOBBY FULCHER 1200 US 27 N., SUITE 81 SEBRING FL 33870

10. If changed, new Registered Agent/Office
Name Bobby Fulcher
Street Address (P.O. Box Number is Not Acceptable) 4400 Sebring Av
Suite, Apt. #, etc.
City Sebring FL Zip Code 33872

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) Bobby Fulcher DATE 10-24-97

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
DEBLASIO, BONIFACE	11 PAGE DRIVE	REDBANK NJ	
			300002335153--6 -10/31/97--01061--020 ***1696.25 ****541.25
		<i>dec</i>	

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 Bonifacio DeBlasio G.P. DATE 10/24/97
 Typed or Printed Name of General Partner Signing Form Bonifacio DeBlasio Daytime Telephone Number 941-386-1611

CP2E003 (6/97)