

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

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LIMITED PARTNERSHIP
ANNUAL REPORT

1998 + 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV -9 AM 8:33

SECRETARY OF STATE



1. Name of Limited Partnership	1a. DOCUMENT # A29473
GIOIA LIMITED PARTNERSHIP	

Mailing Address 255 FORTENBERRY ROAD, A-1 MERRITT ISLAND FL 32952	Principal Office Address 255 FORTENBERRY ROAD, A-1 MERRITT ISLAND FL 32952	3. Date Formed or Registered 01/02/1990	5a. Capital Contributions as Shown on record. \$198.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions In FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2993070	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	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	10. If changed, new Registered Agent Office
MITCHELL, BRUCE A REINMAN, HARRELL, SILBERHORN & GRAHAM, P.A 1825 S. RIVERVIEW DR. MELBOURNE FL 32901	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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
GIOIA, G. LEONARD M.D.	255 FORTENBERRY RD.,	MERRITT ISLAND FL	700002686027-3 -11/12/98-01077-003 ****282.50 ****282.50

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 10/5/98

Typed or Printed Name of General Partner Signing Form **G. LEONARD GIOIA** Daytime Telephone Number **(407) 453-2440**

CR2E003 (6/97)

