

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 13 PM 1:15

1. Name of Limited Partnership **1a. DOCUMENT #**
A29650

SABAL LAKE BOCA LTD.



Mailing Address **Principal Office Address**
% DMI, INC.
441 S. FEDERAL HWY
DEERFIELD BEACH FL 33441

% DMI, INC.
441 S. FEDERAL HWY
DEERFIELD BEACH FL 33441

3. Date Formed or Registered
02/06/1990

5a. Capital Contributions as Shown on record.
\$1,020,000.00

3a. Date of Last Report
01/06/1997

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address **2a. Principal Office Address**

4. State or Country of Formation
FL

Suite, Apt. #, etc.

6. FEI Number
65-0175404 Applied For
 Not Applicable

City & State

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
SUHANDRON, KENNETH
441 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable) **500002434175--7**
Suite, Apt. #, etc. **02/18/98 01055 018**
*****526.25 ***526.25**
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
FORUM F.I., INC.	6365 NW 6TH WAY	FT. LAUDERDALE FL	L37046

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 *WA Terry* _____ DATE _____

CR2E003 (12/97)