

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



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

PC \$650.25 FILED
97 APR 25 2 14 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
J.W. HARRIS ENTERPRISES, LTD.

1a. DOCUMENT #
A29790

Mailing Address 4710 N. HABANA AVE., SUITE 401 TAMPA FL 33614	Principal Office Address 4710 N. HABANA AVE., SUITE 401 TAMPA FL 33614
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 03/16/1990	5a. Capital Contributions as Shown on record. \$150,000.00
3a. Date of Last Report 06/24/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 1000 -
6. FEI Number 59-3001741	<input type="checkbox"/> Applied For <input 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 HARRIS, JEFF W., M.D. 4710 N. HABANA AVE., SUITE 401 TAMPA FL 33614	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc. 100002167601-9
	City FL 05/06/97-01077-003 FL 556.25

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) HARRIS, JEFF W., M.D.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4710 N. HABANA AVE.,#	11b. City, State & Zip Code TAMPA FL	11c. Registration/Document Number
			REINSTATEMENT. 97 CM

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 section 620.192, Florida Statutes.

SIGNATURE *Jeff W. Harris* DATE *4/22/97*
Typed or Printed Name of General Partner Signing Form *Jeff W. Harris* Daytime Telephone Number *(813) 875 8045*

CR2E003 (11/96)