

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra J. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

APR 23 1999

SECRETARY OF STATE



1. Name of Limited Partnership ICOT CENTER, LTD.	1a. DOCUMENT # A29867
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Mailing Address 13925 58TH ST. N CLEARWATER FL 33760	Principal Office Address 13925 58TH ST. N CLEARWATER FL 33760	3. Date Formed or Registered 04/03/1990	5a. Capital Contributions as Shown on record. \$11,680,032.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/07/1998	5b. Amount of Capital Contributions in FLORIDA to date. 11,680,032
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3001383 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent ASSIES, BERNHARD C/O WEST FALIA REALTY, INC. 13925 58TH CLEARWATER FL 34624	10. If changed, new Registered Agent/Office Name Debora Rogers Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 13925 58th St. N. City FL Zip Code 33760
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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) Debora Rogers DATE 4/29/99

**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) ICOT CENTER, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17755 U.S. 19 N., #15	11b. City, State & Zip Code CLEARWATER FL	11c. Registration/ Document Number V40352
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100002871011-8
-05/11/99--01040--020
***1035.00 ***1035.00

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 Marvin J. Slovacek DATE 4/29/99
Typed or Printed Name of General Partner Signing Form Marvin J. Slovacek, Pres. Daytime Telephone Number (727) 535-7999

CR2E003 (8/98)