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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A29948

DIVISION OF CORPORATIONS 97 DEC 17 AM 10: 01



Principal Office Address 33 NORTH GARDEN AVENUE. CLEARWATER FL 34646 24. Principal Office Address Suite, Apt. #, etc City & State Zip 33755	Country	10. If changed, now Registere P.O. Box Number Is Not Acceptable)	5a. Capital Contributions as Shown on record. \$1,090,000.00 5b. Amount of Capital Contributions in FT ORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required Fee Required State (See reverse side for fee informational Agent/Office
CLEARWATER FL 34646 2a. Principal Office Address Suite, Apt. #, etc City & State Zip 33755	Country Name Street Address (i	3a. Date of Last Report 12/26/1996 4. State or Country of Formation FL 6. FET Number 59-3009366 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registere	\$1,090,000.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information
Suite, Apt. #, etc City & State Zip 33755	Country Name Street Address (i	4. State or Country of Formation FL 6. FET Number 59-3009366 7. Certif-cate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registere	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information
Suite, Apt. #, etc City & State Zip 33755	Country Name Street Address (i	FL 6. FEI Number 59-3009366 7. Certif-cate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registere	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee Information
City & State Zip 33755	Name Street Address (I	6. FET Number 59-3009366 7. Certif-cate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registere	Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)
Żip 33755	Name Street Address (I	7. Certif-cate of Status Desired 8. Make check payable to: Dept. of 10. If changed, now Registero P.O. Box Number Is Not Acceptable)	\$8.75 Additional Fee Required State (See reverse side for fee information
33755	Name Street Address (I	10. If changed, now Registere P.O. Box Number Is Not Acceptable)	State (See reverse side for fee information
legistered Agent	Street Address (I	P.O. Box Number Is Not Acceptable)	od Agent/Office
	Street Address (I		
020-192, Florida Statutes, the above-na gistered agent, or both, in the State of of section 620-192, Florida Statutes.	amed limited partnership	o organized or registered under the laws of the action of the same of the case authorized by its general partner(s). I her	FL 33755 ho State of Florida, submits this statement accept the appointment of registered
		DATE	
S A CORPORATION BE REGISTERED A	, LIMITED PA	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
Address of Each Ger	neral Partner		11c. Registration/ Document Number
33 NORTH GARDEN AVENU		CLEARWATER FL 34646 33755	K22808
		500002 -12/23 *****5	380735
ב כ	S A CORPORATION BE REGISTERED A Address of Fach Ger [Do NOT Use Post Office	S A CORPORATION, LIMITED PA BE REGISTERED AND ACTIVE 11a. (Do NOT Use Post Office Box Numbers) 11	DATE S A CORPORATION, LIMITED PARTNERSHIP OR OTHE BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Fach General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State 8 7tp Code CLEARWATER FL 34646 33755

Nòte: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily fernished 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 logal effects as if made under earth. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this open as required by chapter 620. Florida Statutes

Typed or Printed Name of General Partner Signing Form

Ray F. Mathis, President

DATE / 9 / 9 7

Deytime Telephone Number (813) 461-4801