


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra Morton</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b> <b>MATTHEWS FAMILY INVESTMENT PARTNERSHIP, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A30029</b>			
<b>Mailing Address</b> C/O DOUGLAS G. MATTHEWS 2882 POLO ISLAND DRIVE WEST PALM BEACH FL 33414-7218		<b>Principal Office Address</b> C/O DOUGLAS G. MATTHEWS 2882 POLO ISLAND DRIVE WEST PALM BEACH FL 33414-7218		<b>3. Date Formed or Registered</b> 05/04/1990	
<b>2. Mailing Address</b> 222 LAKEVIEW AVENUE Suite, Apt. #, etc. 160-292 City & State WEST PALM BEACH, FLA Zip Country 33401 US		<b>2a. Principal Office Address</b> 222 LAKEVIEW AVENUE Suite, Apt. #, etc. 160-292 City & State WEST PALM BEACH, FLA Zip Country 33401 US		<b>3a. Date of Last Report</b> 04/30/1996	
				<b>4. State or Country of Formation</b> FL	
				<b>5a. Capital Contributions as Shown on record</b> \$8,642,734.00	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$1,000,000	
				<b>6. FEI Number</b> 65-0196078	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	



<b>9. Name and Address of Current Registered Agent</b> CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		<b>10. If changed, new Registered Agent/Office</b>	
		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>10a.</b> 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.**

<b>11. Name(s) of General Partner(s)</b> MATTHEWS BROS., INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 2882 POLO ISLAND DRIV	<b>11b. City, State &amp; Zip Code</b> WEST PALM BEACH FL	<b>11c. Registration/Document Number</b> S90890
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**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 *Sandra M. Morton* FOR *MATTHEWS BROS. INC.* DATE *30 DEC 1996*  
 Typed or Printed Name of General Partner Signing Form *MATTHEWS BROS., INC. G.P.* Daytime Telephone Number *561 791-4640*

CR2E003 (6/96)