

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 DEC 29 AM 9: 33



1. Name of Limited Partnership	1a. DOCUMENT # A31116
STEPHEN M. GOLDING COMPANY LIMITED PARTNERSHIP	

2. Mailing Address 1475 W. CYPRESS CREEK ROAD SUITE 204 FT. LAUDERDALE FL 33309	2a. Principal Office Address 1475 W. CYPRESS CREEK ROAD SUITE 204 FT. LAUDERDALE FL 33309	3. Date Formed or Registered 01/18/1991	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 01/06/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$100.00
		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		6. FEI Number 65-0242062	<input type="checkbox"/> Applied For <input checked="" 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 GOLDING, STEPHEN M. 1475 W. CYPRESS CREEK RD. SUITE 204 FT. LAUDERDALE FL 33309	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____
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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) _____ 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) SMG MANAGEMENT COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1475 W. CYPRESS CREEK	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/Document Number K61558
900002400349--4 -01/14/98--01099--001 ****156.25 ****156.25			
KVM			

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 _____ Typed or Printed Name of General Partner Signing Form Stephen M. Golding, President	DATE 12-23-97 Daytime Telephone Number 954-772-7878
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CR2E003 (6/97)