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 #

FILED 97 OCT 20 PM 1: 28 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	A31201			
FRNT REALTY CO., LTD.	99-AP			
Mailing Address	Principal Office Address	3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
16719 SENTENA DR. DELRAY BEACH FL 33484	16719 SENTENA DR. Delray Beach Fl 33484	02/14/1991 3a. Date of Last Report	\$9,900.00	
		01/02/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For	
City & State	City & State	59-3049868	Not Applicable	
Zip Country	Zip Country	Certificate of Status Desired Make check payable to: Dept. o	\$8.75 Additional Fee Required 1 State (See reverse side for fee Information)	
9. Name and Address of Cur		10. If changed, new Register	ed Agent/Office	
ROGERS, JOHN B 1881 UNIVERSITY DR., SUITE 206 CORAL SPRINGS FL 33071		per Address P.O. Box Number Is Not Acceptable) (e. Apt. 4. etc.		
10a. Pursuant to the provisions of sections (20 105) for the purpose of changing its registered office agent. I am familiar with, and accept the onlige SIGNATURE (Registered Agent Accepting Appointment)	()	thership organized or registered under the laws of an ange was authorized by its general partner(s). The	reby accept the appointment of registered	
A GENERAL PARTNER THA	AT IS A CORPORATION, LIMITEI	D PARTNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partrier(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
TYGAR, RONALD	16719 SENTENA DR.	DELRAY BEACH FL 33484		
		300002 -10/26 *****	3313734 3/9701037016 173.05 ****173.05	
Natar Constal portuges MAY N	OT be changed on this form: an an	condiment must be filled to also		

12. I do hereby confly that the information supplied with this filling 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 dertify 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. led partnership, receiver or trustee

SIGNATURE

Daytime Telephone Number