


**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		1a. DOCUMENT # A32328			

PUBLIC RELATIONS CONSULTING, LTD.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 JAN 20 AM 11:12



Mailing Address 1600 OAK STREET KANSAS CITY MO 64108		Principal Office Address 1600 OAK STREET KANSAS CITY MO 64108		3. Date Formed or Registered 12/11/1991		5a. Capital Contributions as Shown on record \$38,952.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/10/1996		5b. Amount of Capital Contributions in FLORIDA to date \$ 38,952.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL		6. FEI Number 59-3090214	
City & State		City & State		7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent STROUD, PAUL J. 42 GARDEN DRIVE DELAND FL 32724		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c. Registration/Document Number	
STROUD, ROBERT E.		1600 OAK STREET		KANSAS CITY MO		100002416651--3 -01/29/98--01106--025 ****376.41 ****376.41	

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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

ROBERT E. STROUD

Daytime Telephone Number _____

816-842-8842

CR2E003 (6/97)