## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



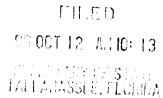
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT#** A32802



		7.0000						
SALAS, LTD.		Qo	ag-re					
Mailing Address		Principal Office Address	Principal Office Address		3. Date Formed or Registered 5a. Capital Contributions as Shown on record.		al Contributions as	
14536 MARK DRIVE 14536 MARK DRIVE					04/09/1992			
LARGO FL 33774					3a. Date of Last Report	\$5,000,000.00		
					09/22/1997	5b. Amo	unt of Capital ributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	ddress		4. State or Country of Formation	to date: \$993,816.00			
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	Suite, Apt. #. etc.		6. FEI Number		<u> </u>	
					1 Tr		Applied For Not Applicable	
City & State		City & State	City & State		7. Certificate of Status Desired			
Zip	Country	Zip Country		<del>_</del>	. Certificate of Status Desired	<u> </u>	\$8.75 Additional Fee Regulred	
	· · · · · · · · · · · · · · · · · · ·				8. Make check payable to: Dept. of State (See reverse side for fee Information)			
	Name and Address of Curre	nt Registered Agent	10. If changed, new Registered Agent/Office					
			Name					
SALAS, JOSE			Street Address (P.O. I		ox Number is Not Acceptable)	<del></del>		
14536 MARK OF			Sulte, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		
LARGO FL 3377	4							
			City			FL	Zip Code	
for the purpose agent. I am fan	of changing its registered office on niliar with, and accept the obligation of Agent Accepting Appointment).	and 620.192, Florida Statutes, the above-n r registered agent, or both, in the State of I ins of section 620.192, Florida Statules.	Florida. Such chan	ge was auth	orized by its general partner(s). I herei	by accept the	ppointment of registered	
A GENERA	L PARTNER THA MU	T IS A CORPORATION ST BE REGISTERED A	ND ACII	VE WI	TH THIS OFFICE.	:K BU3		
11. Name(s) of 0	General Partner(s)	11a. Address of Each Ge	neral Partner e Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
SALAS, JOSE		14536 MARK DRIVE	14536 MARK DRIVE		GO FL 33774			
SALAS, FL <b>or</b> e	NCE	14536 MARK DRIVE	14536 MARK DRIVE		GO FL 33774			
					6000026 -10/16/ ****\$	5 <b>66€</b> 9301 26.25	765 110003 ****526.25	
				1		1		

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 Pertner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE.

Jose Salas Typed or Printed Name of General Partner Signing Form

DATE 10-6-98

Daytime Telephone Number (813) 546-2252