FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

	W M IV		QR FFR 17	DM 2: E I	
1. Name of Limited Partnership	1a. DOCUM A32922	IENT#	4 144 144 144 144 144 144 144 144 144 1	98 FEB 17 PM 2:5)	
NORTHPOINT ALLSTATE	E ASSOCIATES, LTD.			1818 1181 1181 1818 1818 1818 1818 181	
Mailing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33039	6400 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33039		05/04/1992 3a. Date of Last Report 12/31/1996	\$300,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	28. Principal Office Address	28. Principal Office Address		\$286,767.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable	
		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Addres	s of Current Registered Agent		10. If changed, new Registere	d Agent/Office	
BRYAN DUKE,ESQ .		Name			
6400 N. ANDREWS AVE., FT. LAUDERDALE FL 33039		Street Address (P.O. Box Number is Not Acceptable)			
TI CHODENDALL TE 30000		Suite, Apt. #,	etc.		
		City		FL Zip Code	
for the purpose of changing its registe	620.1051 and 620.192, Florida Statutes, the above-namer of office or registered agent, or both, in the State of Fiche obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appo			DATE		
A GENERAL PARTNER	THAT IS A CORPORATION, I MUST BE REGISTERED AN	D ACTIVI	PARTNERSHIP OR OTHE E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Br	al Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
STILES, TEARY W.	6400 N. ANDREWS AVE	<u>.</u>	FT. LAUDERDALE FL	200	
			9000024 -02/13/ ****52	1357197 /9301105-002 6.25 ****526.25	
	AY NOT be changed on this form				
Corporations from any liability of non-con	upplied with this filing is voluntarily furnished and does no npliance with Section 119.07(3)(by in the event that the Ir of that my signature than have the same legal effects as ulred by chanter 62d. Fionda Statutes.	nformation supplie	ed is deemed exempt from public access, I furth	er certify that the information indicated on	

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), Fiorida Statutes. I release the Division of
	Corporations from any liability of pon-compliance with Section 119.07(3)(ly/tin the event that the Information supplied is deemed exempt from public access. I further certify that the information indicated on
	Corporations from any liability of non-compliance with Section 119.07(3)(lyin 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 occurate and that my signature that 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 charter 620, Fiorida Statutes.

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SIGNATURE WILL STORY OF General Partner Signing Form Terry W. Styles

_ DATE __2/10/98

984/116-9300