

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A92000000037
HAYS FAMILY LIMITED PARTNERSHIP	

Mailing Address 2627 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308	Principal Office Address 2627 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10-30-92	5a. Capital Contributions as Shown on record 686 000
3a. Date of Last Report 12-20-95	5b. Amount of Capital Contributions in FLORIDA to date 686 000
4. State or Country of Formation FL	6. FEI Number 65 0362202 <input type="checkbox"/> Applied For <input 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 HAYS, ELLA BELLE 2627 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308	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) HAYS, ELLA BELLE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2627 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308	11b. City, State & Zip Code FT. LAUDERDALE, FL 33308	11c. Registration/ Document Number A92000000037
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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 *X Ella Belle Hays, General Partner* DATE 12-13-96
Typed or Printed Name of General Partner Signing Form **ELLA BELLE HAYS, GENERAL PARTNER** Daytime Telephone Number _____

CR2E003 (6/96)