


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 MAULION FAMILY INVESTMENT COMPANY, LTD.		1a. DOCUMENT # A93000000036	
Mailing Address P.O. BOX 350033 FT LAUDERDALE FL 33316 33335-0033		Principal Office Address P.O. BOX 350033 FT LAUDERDALE FL 33316 33335-0033	
2. Mailing Address P.O. Box 350033		2a. Principal Office Address P.O. Box 350033	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE, FL	
Zip Country 33335-0033 U.S.A.		Zip Country 33335-0033 U.S.A.	

FILED
98 DEC 22 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



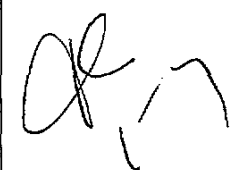
9. Name and Address of Current Registered Agent MAULION, RICHARD P MD 17 ROSE DRIVE FT LAUDERDALE FL 33316		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City, State & Zip Code	
		6088002738166-8 -01/12/99-01065-001 ****150.00 FL ****150.00	

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) MAULION, RICHARD P MD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) #7 PELICAN ISLE	11b. City, State & Zip Code FT LAUDERDALE FL 3330	11c. Registration/ Document Number 
-----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

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

12-17-98

Typed or Printed Name of General Partner-Signing Form

RICHARD P. MAULION

Daytime Telephone Number

(954) 494-6876

CR2E003 (8/98)