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 # **A9300000253**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -9 PM 1: 32



ACTIVE INVESTORS II, LTD.				88/Hr 18/Hr 80/H 88/Hr 19/Hr 11/01 01/00 01/1 1000	
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
4000 HOOLYWOOD BLVD.	4000 HOOLYWOOD BLVD. SUITE 610N		02/25/1993		
SUITE 610N			3a. Date of Last Report	\$4,826,050.00	
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021	HOLLYWOOD FL 33021		5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	28. Principal Office Address		4. State or Country of Formation	to date:	
Culta Ant H oto	Suite Ant # etc		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		65-0123506	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept.	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Q Name and Address of Course	Registered Agent		10 Hahnaad new Pasiete	red Agent/Office	
9. Name and Address of Current Registered Agent		Name	10. If changed, riew Registered Agent/Office ame		
CANO, DAMARIE		Street Addre	Street Address (P.O. Box Number Is Not Acceptable)		
4000 HOLLYWOOD BLVD.					
SUITE 610N	Suite, Apt. #, etc.		etc.		
HOLLYWOOD FL 33021		City FL Zip Code			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	DMMUL (a)	MO LIMITED ID ACTIV	PARTNERSHIP OR OTHI E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner	11b. City, State & Zip Code	11c. Registration/	
FUNDAMENTAL MANAGEMENT CORP.	4000 HOLLYWOOD BLVD.,		HOLLYWOOD FL 33021	637242 24 1/5/4/2/5 9	
		·	900002 -01/2 ****	24 15400 9 9/8801/03018 550 00 *****550	
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and thaymy sign empowered to execute this report as required by char	is filing is voluntarily furnished and does n Section 119 07(3)(k) in the event that the i nature shall have the same legal effects as	ot qualify for the	exemption stated in Section 119 07(3)(k), Floric ed is deemed exempt from public access. I fur	la Statutes. I release the Division of their certify that the information indicated on	
SIGNATURE	amana (En	DATE	12/31/97	
Typed or Printed Name of General Partner Signing Form	pamane Cano 15	ec l'trec	25 Daytime Telephone Number	954-961-3215	