

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

37 DEC 26 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership THE PAUL AND HAZEL SMYSOR LIMITED PARTNERSHIP	1a. DOCUMENT # A93000000604
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2. Mailing Address 1605 N.W. 22ND STREET GAINESVILLE FL 32605	2a. Principal Office Address 1605 N.W. 22ND STREET GAINESVILLE FL 32605	3. Date Formed or Registered 06/02/1993	5a. Capital Contributions as Shown on record. \$2,100,632.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	4. State or Country of Formation FL	
Zip Country	Zip Country	6. FEI Number 59-3186689	<input type="checkbox"/> Applied For <input checked="" 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 SMYSOR, CHARLOTTE 1605 N.W. 22ND STREET GAINESVILLE FL 32605
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10. If changed, now Registered Agent/Office: Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State FL Zip Code _____

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) TRI-CEP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1605 N.W. 22ND STREET	11b. City, State & Zip Code GAINESVILLE FL 32605	11c. Registration/Document Number P94000054689
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***541.25 ***541.25

Not: 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 <i>Elaine S. Stinson</i>	DATE <i>Dec 26, 1997</i>
Typed or Printed Name of General Partner Signing Form _____	Daytime Telephone Number _____

CRE003 (6/97)