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

LIMITE PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

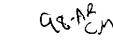
1. Name of Limited Partnership

DOCUMENT#

A9300001088

OLD GLORY ASSOCIATES, LTD.

Typed or Printed Name of General Partner Signing Form



FILED

28 JAN 27 PM 2: 37

TALLAHASSEE, FLORIDA



	48,5	,) /\			
alling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
50 E LAS OLAS #900 T. LAUDERDALE FL 33301	450 E LAS OLAS #800 FT. LAUDERDALE FL 33301		10/20/1993 3a. Date of Last Report	\$12,316,979.00	
			02/27/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	28. Principal Office Address		FL	14,857,1 <u>76.00</u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		65-0442732 7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Zip Count	Country		Fee Required ake check payable to: Dept. of State (See reverse side for fee information	
9. Name and Address of C	Current Registered Agent		10. If changed, new Registere	d Agent/Office	
HORVITZ, WILLIAM D 450 E. LAS OLAS #900		Namo			
		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
FT LAUDERDALE FL 33301	City			Zip Code	
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE M	HAT IS A CORPORATION, LIMIT IUST BE REGISTERED AND AC	TED PAR	TNERSHIP OR OTHE		
Name(s) of General Partner(s)	11a. Address of Each General Partne (Do NOT Use Post Office Box Numb		City, State & Zip Code	11c. Registration/ Document Number	
NEEDLES, INC.	450 E. LAS OLAS #900		LAUDERDALE FL 333	P93000072739	
			400002 -01/29 ***22	4162642 /9801083004 91.25 ****541.25	
· · · · · · · · · · · · · · · · · · · 	NOT be changed on this form; an		, , , , , , , , , , , , , , , , , , , 		
Corp. **ns from any liability of non-complian this ar rual report is true and accurate and that empowered to execute this report as residued.	ice with Section 119.07(3)(k) in the event that the informatic t my signature shall have the same legal effects as if made	on supplied is dea	imed exempt from public access. I furth her certify that I am a General Partner o	er certify that the information indicated on f the limited partnership, receiver or truste	
SIGNATURE //////	· · · · · · · · · · · · · · · · · · ·		DA1E	· · · · · · · · · · · · · · · · · · ·	

Daytime Telephone Number