

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 23 PM 3: 22



1. Name of Limited Partnership PWR INVESTMENT GROUP, LTD.	1a. DOCUMENT # A930000001205
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Mailing Address 1533 US 19 NORTH HOLIDAY FL 34691-5650	Principal Office Address 1533 US 19 NORTH HOLIDAY FL 34691-5650	3. Date Formed or Registered 11/19/1993	5a. Capital Contributions as Shown on record \$200.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 09/23/1997	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation FL	6. FEI Number 59-3208857 <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 PIPTONE, PETER V 1533 US HIGHWAY 19 NORTH HOLIDAY FL 34691-5650	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) PIPTONE, PETER V WEISS, ARTHUR SCROPPA, JOHN W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1533 US 19 N. 1533 US 19 N. 1533 US 19 N.	11b. City, State & Zip Code HOLIDAY FL 34691 HOLIDAY FL 34691 HOLIDAY FL 34691	11c. Registration/Document Number 600002824076--4 -03/30/99--01084--024 ****141.25 ****141.25
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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

Typed or Printed Name of General Partner Signing For

DATE

Daytime Telephone Number

3-17-99

727-942-4777