

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

FILED

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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 DISUS HOLDINGS, LTD.	1a. DOCUMENT # A94000000139
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Mailing Address 8205 W. 20TH AVENUE HIALEAH FL 33014	Principal Office Address 8205 W. 20TH AVENUE HIALEAH FL 33014
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2. Mailing Address 40 NCKCPRA 1000 N HIALEAH ROAD Suite, Apt. #, etc. 110 City & State PENSACOLA FL Zip Country 33006 BROWARD	2a. Principal Office Address Suite, Apt. #, etc. City & State F Zip Country
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3. Date Formed or Registered 01/28/1994	5a. Capital Contributions as Shown on record. \$116,511.00
3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	6. FEI Number 65-0467129
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent WEIDER, NORMAN S ESQ. 100 S.E. 2ND STREET, STE. 3910 MIAMI FL 33131

10. If changed, new Registered Agent/Office Name NOLAN C KRAVIT Street Address (P.O. Box Number is Not Acceptable) 1000 N. HIALEAH ROAD Suite, Apt. #, etc. 110 City PENSACOLA PINES FL Zip Code 33006

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) *Nolan C Kravit* 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) GURMAN, NATALIE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8205 W. 20TH AVENUE HIALEAH FL 33014	11b. City, State & Zip Code HIALEAH FL 33014	11c. Registration/Document Number 000002409480--7 -01/22/98--01121--011 ****541.25 ****541.25
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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 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 *Natalie Gorman* DATE *1/4/97*
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)