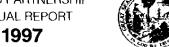
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

^{1a}.**A94000000620**

GULF BAY REPORTING, LTD.

Typed or Printed Name of Gengral Partner Signing Form

SECRETARY OF STATE DIVISION OF COMPORATIONS

96 CEC 18 PN 2: 14



ailing Address P.O. BOX 2131 PANAMA CITY FL 32401	Principal Office Address P.O. BOX 2131 PANAMA CITY FL 32401 2a. Principal Office Address		3. Date Formed or Registered 05/05/1994 3a. Date of Last Report	5a. Capit Show	5a. Capital Contributions as Shown on record \$7,500.00	
2. Mailing Address			01/02/1996 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date		
Suite, Apt. #, etc	Suite, Apt. #, etc.			. l		
			6. NOT APPLICABLE		Applied For Not Applicable	
City & State	City & Stale		7. Certificate of Status Desired		\$8.75 Add tional	
Zip Country	Zip Country		8. Make check payable to Dopt	Fee Required of State (See reverse's de for fee information		
9. Name and Address of Current Registered Agent		10. If changed new Registered Agent/Office				
DOWNS, GERTRUDE B		Name				
P.O. BOX 2131		Street Address (P.O. Box Number Is Not Acceptable)				
PANAMA CITY FL 32401		Suite, Apt #, €	ete			
PANAMA CITY FL 32401 10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered	I 1051 and 620 192. Florida Statutes, the above in office or registered agent or beth in the State of obligations of section 620 192, Florida Statutes	City amed Imited partners	ehip organizad or registered under the laws o			
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this annual report is true and accurate and that my signature shall have the same logal effects as if made under each 1 further certify that I am a General Partner of the I mited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statules

0010304

DATE 12-16-96