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

**LIMITED PARTNERSHIP** ANNUAL REPORT 1998



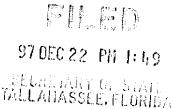
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 1a.



,	A9400000	A9400000825				
MANAGED VISION LIMITED PARTNERSHIP				- William III III III III III III III III III I		
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
\$50 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442	350 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442		06/20/1994 3a. Date of Last Report 12/18/1996 4. State or Country of Formation	\$1,000.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		to date:		
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		FL 6. FEI Number 65-0474736	Applied For Not Applicable		
			7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee in		<del></del>	
9. Name and Address of C	Current Registered Agent		10. If changed, new Registered	I Agent/Office		
O'NEILL, BRIAN 350 S.W. 12TH AVE. DEERFIELD BEACH FL 33442		Namo Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc				
		City		FL	Zip Code	
agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	lice or registered agent, or both, in the State of gations of section 620,192, Florida Statutes.	Florida. Such change v	vas authorized by its general partner(s). I here  DATE  ARTNERSHIP OR OTHE	by accept the	appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner e Box Numbers) 11	lb. City, State & Zip Code	11c.	Registration/ Document Number	
MANAGED VISION, INC.	350 S.W. 12TH AVE.		DEERFIELD BEACH FL 33 442 P93000079825		000079825	
			8000023 -01/07/ ****15	1925 9801 6.25	066	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido 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. Hurther 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Flori la Statutes.

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form MANAGED VISION, ING. (BRIAN O'NE LEVEL PRES)