

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
--	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 29 PM 12:02



1. Name of Limited Partnership	1a. DOCUMENT # A94000001182
--------------------------------	---------------------------------------

ORTHOPEDIC ENGINEERING SYSTEMS, LTD.

Mailing Address % JEROME P. MCCAULEY, CPA 1600 E. ROBINSON ST., SUITE 300 ORLANDO FL 32803	Principal Office Address C/O STEWART A. MARSHALL, III, ESQ. 255 SOUTH ORANGE AVENUE, 17TH FL ORLANDO FL 32801	3. Date Formed or Registered 08/30/1994	5a. Capital Contributions as Shown on record. \$6,951.58
2. Mailing Address 1407 E. ROBINSON ST. Orlando FL 32801 USA	2a. Principal Office Address Orlando FL	3a. Date of Last Report 11/12/1996	5b. Amount of Capital Contributions in FLORIDA to date: 6951.58
City & State Orlando FL	City & State Orlando FL	4. State or Country of Formation FL	6. FEI Number 59-3335165 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country USA	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 MCCAULEY, JEROME P C.P.A. 1600 E. ROBINSON ST., SUITE 300 ORLANDO FL 32803	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

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) O.E.S., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 255 SOUTH ORANGE AVEN	11b. City, State & Zip Code ORLANDO FL 32801	11c. Registration/ Document Number P94000024798
--	--	--	--

4000023084 14---3
-10/01/97-01113-008
****156/25****156.25
a-30

SIGN
HERE

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 report was 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 By: 
O.E.S., Inc., General Partner

DATE **9/22/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **407-843-7860**

CR2E003 (6/97)