

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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STATE OF FLORIDA
DIVISION OF CORPORATIONS
99 JAN -6 AM 11:09

1. Name of Limited Partnership	1a. DOCUMENT # A94000001476
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PAUL C. KANAVOS INVESTMENT, LTD.

Mailing Address	Principal Office Address
106 HANCOCK BRIDGE UNIT D15-543 CAPE CORAL FL 33991	106 HANCOCK BRIDGE UNIT D15-543 CAPE CORAL FL 33991

2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <i>01/26</i> 11/04/1994	5a. Capital Contributions as Shown on record \$3,000,000.00
3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0535770	<input type="checkbox"/> Applied For <input checked="" 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 instructions)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
KANAVOS, PAUL C 106 HANCOCK BRIDGE, UNIT D15-543 CAPE CORAL FL 33991	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
PCK INVESTMENT CO., INC.	18551 NORTH TAMiami T	NORTH FT. MYERS FL 33	P94000076736

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 state 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 and data 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 <i>[Signature]</i>	DATE <i>1/15/99</i>
Typed or Printed Name of General Partner Signing Form	Day/one Telephone Number

CR2E003 (8-98)