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

1a. DOCUMENT # **A9400001495**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 16 AM 8: 37



Malling Address 300 International Parkway, Suite 270 HEATHROW FL 32746	Principal Office Address 300 INTERNATIONAL PARKWA		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
		Y SHITE 270	11/08/1994	
	HEATHHOW FL 32746	EATHROW FL 32746		\$89,000.00
			12/23/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
			59-3279851	Applied For Not Applicable
City & State	City & State	Cily & State		\$8.75 Additional Foo Required
Z ip Country	Zφ	Country		
			Make check payable to: Dept. of	State (See reverse side for lee information
9. Name and Address	of Current Registered Agent		10. If changed, new flegislere	d Agent/Office
CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746		Name		
		Street Address (F.O. Box Number Is Not Acceptable)		
		Suite Apt # etc 2000023838921		
		Suite, Apt. #, etc		
		City #***\$41.25 *****541.25		
for the purpose of changing its registere agent. I am faniliar with, and accept the SIGNATURE (Registered Agent Accepting Appoin	THAT IS A CORPORATION	Florida. Such change w	as authorized by its general partner(s) Ther DATE ARTNERSHIP OR OTHE	eby accept the appointment of registered
44	MUST BE REGISTERED A Address of Each Gor	T		Registration/
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		b. City, State & Zip Code	11c. Document Number
NEWPORT PARTNERS X, INC. 300 INTERN.		PAR	IEATHROW FL 32746	P94000081747
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12. In 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 decreed 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 early. I further certify that I arm a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620. Fiorida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form Peter 5, Catoll

DATE 12-12-97

Daylino Telephone Number 401・333・3905

CHZED03 (6/67)