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

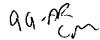
1. Name of Limited Partnership

1a. DOCUMENT # A9400001726

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Mailing Address % P.G. LATHAM/MIGPKINCX 390 NORTH ORANGE AVE., SUITE 600 ORLANDO FL 32801	Principal Office Address % P.G. LATHAM/MOGR.XNG 390 NORTH ORANGE AVE SUITE 60 ORLANDO FL 32801	0	3. Date Formed or Registered 12/15/1994 3a. Date of Last Report 09/26/1997 4. State or Country of Formation		5a. Capital Contributions as Shown on record \$3,099.00 5b. Amount of Capital Contributions in FLORIDA to date		
2. Mailing Address SEE CHANGE ABOVE	2a. Principal Office Address SEE CHANGE ABOVE		FL				
Suite, Apt. #, etc. Suite, Apt. #, etc.		6, FEI Number 59-3289984		Applied For Not Applicable			
City & State	City & State		7. Certificate of Status Desired				
Zip Country	Zip Coi	untry	7 . Cartilicate of Statos Desired	\$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	Danishand & cana		10		FF 39141.25		
J. Marie and Address of Carrell		10. If changed, new Registered Agent/Office					
LATHAM, PETER G 390 NORTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801	Street Address Suite, Apl #,		ess (P.O. Box Number Is Not Acceptable)				
		Dity		FL	Zιρ Code		
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or respent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	gistered agent, or both, in the State of Florida. S of section 520.192. Florida Statutes	Such change was au	Athorized by its general partner(s). I hereby	y accept the ap	opointment of registered		
MUS1	BE REGISTERED AND	ACTIVE W	ITH THIS OFFICE.	IX B00.	WEOO ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each General Par (Do NOT Use Post Office Box No	tner umbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number		
MKP, INC.	390 NORTH ORANGE AVEN	}	1 -03/18		P9400090791 □ 1 □ 7 □ □ □ 7 93 01072 001 88,75 *****88.75		
SEE AMENDMENT	TWCTOSED		2000026 -10/14/	363216 3801			

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 his 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. I further certify that the information indicated on this annual report is true and accordate 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 20. Florida Statutes.

SIGNATURE

General Partner Signing Form Peter & Luthor

DATE 4/2//98

Daytime Telephone Number 407.481 5800