


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 EVANS FLORIDA LIMITED PARTNERSHIP		1a. DOCUMENT # A95000000062	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 DEC -5 PM 3:20

12/8



Mailing Address P.O. BOX 190009 MOBILE AL 36619		Principal Office Address 4900 MANATEE AVE., WEST, SUITE 201 BRADENTON FL 34209		3. Date Formed or Registered 01/11/1995	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address 3600 SPRINGHILL BUSINESS PARK Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 01/03/1997	
City & State MOBILE, AL		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date:
Zip 36608		Country USA		6. FEI Number 65-0544560	
				<input type="checkbox"/> Applied For <input 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 fee information)					

9. Name and Address of Current Registered Agent EVANS, MURRY 4900 MANATEE AVE., WEST, SUITE 201 BRADENTON FL 34209		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.105(1) 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) MJE FAMILY CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4900 MANATEE AVE., WE	11b. City, State & Zip Code BRADENTON FL 34209	11c. Registration/Document Number P94000090718
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 ****156.25 ****156.25

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 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 _____

DATE _____

3/28/97

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

025003 (6/97)