


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A95000000191	

STEPHEN M. SAVAGE FAMILY LIMITED PARTNERSHIP

Mailing Address 7220 MONTRICO DRIVE BOCA RATON FL 33433		Principal Office Address 7220 MONTRICO DRIVE BOCA RATON FL 33433		3. Date Formed or Registered 01/30/1995	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/03/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$250,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 52-1915339	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SAVAGE, STEPHEN M 7220 MONTRICO DRIVE BOCA RATON FL 33433		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) SAVAGE, STEPHEN M	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7220 MONTRICO DRIVE	11b. City, State & Zip Code BOCA RATON FL 33433	11c. Registration/ Document Number 000002436960--5 -02/20/98--01111--007 ****526.25 ****526.25
---	--	---	---

437.50 88.75 dce

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

9/16/97

Typed or Printed Name of General Partner Signing Form

STEPHEN M. SAVAGE

Daytime Telephone Number

(561) 368-6080

CR2E003 (6/97)