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

DOCUMENT #

FALED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	A95000000	212			
J&S OF BRANDON L	IMITED PARTNERSHIP			144 BUNA BUNI BUNI BUNU BUNU BUNU NUNU BERT 1887	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3805 SOUTH NINE DRIVE	3805 SOUTH NINE DRIVE	3805 SOUTH NINE DRIVE		\$20,000.00	
VALRICO FL 33594	VALRICO FL 33594		3a. Date of Last Report 12/24/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip	Country		\$8.75 Additional Fee Required State (See reverse side for fee Information)	
, 9, Name and A	ddress of Current Registered Agent	10. If changed, new Registered Agont/Office Name			
WARTMAN, JEFFREY D		Street Address (P.O. Box Number is Not Acceptable)			
3805 SOUTH NINE DRIVE VALRICO FL 33594		Suite, Apt. #, etc			
		City		FL Zip Code	
for the purpose of changing its i	ctions 620.1051 and 620.192, Florida Statutes, the above-name registered office or registered agent, or bollt, in the State of Flo copt the obligations of section 620.192, Florida Statutes.	ed limited partnership org rida. Such change was al	anized or registered under the laws of th ulthorized by its general partnor(s). I here	e State of Florida, submits this statement by accept the appointment of registered	
	g Appointment) IER THAT IS A CORPORATION, L MUST BE REGISTERED AN	IMITED PAR	TNERSHIP OR OTHE		
11. Name(s) of General Partner(s	Address of Each Gapers		City, State & Zip Code	11c. Registration/ Document Number	
J&S OF BRANDON, INC.	3805 SOUTH NINE DRIVE	. VAI	RICO FL 33594	P95000011777	
			0000023 -10/16/ ****24	21/30-5 37-01061-004	
Note: General partners	MAY NOT be changed on this form	n: an amendme	ent must be filed to cha	nge a general partner.	

12. I do he by certify that the information supplied will this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Freeease 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this repoll as required by chapter 620, Florida Statules.

SIGNATURE ...

Typed or Printed Name of Goneral Partrior Signing Form

JEFFREY D. WARTMAN, MD