FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997

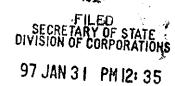


FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership





Malling Address 1200 CORPORATE CENTER WAY. SUITE 100 WELLINGTON FL 33414 2. Mailing Address 2. Principal Office Address 1200 CORPORATE CENTER WAY. SUITE 100 WELLINGTON FL 33414 3. Date Formed or Registered 03/06/1995 38. Date of Last Report 12/29/1995 5. Amount of Ceptial Contributions as Shown on record \$1,000.00 5. Amount of Ceptial Contributions of Formation FL 2. Mailing Address 2. Principal Office Address FL 3. Date Formed or Registered 03/06/1995 36. Capital Contributions as Shown on record \$1,000.00 5. Amount of Ceptial Contributions or FLORID. To delive with FLORID. To delive		ASSUUUUUUSTI				
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2. Mailing Address 28. Principal Office Address 28. Principal Office Address 5. Suite, Apt. #, etc. 5. FE Number APPLIED FOR City & State City & State Country To Country Applied For Require 8. Make check payable to Dept. of State (See reverse side for fee info Port Port Port Port Port Port Port Por	1200 CORPORATE CENTER WAY. SUITE 100	1200 CORPORATE CENTER WAY. SI	UITE 100	03/06/1995 3a. Date of Last Report	\$1,000.00	
City & State Country Country Country Country Country Country Country Country Country To Country Country To Count	2. Mailing Address	2a. Principal Office Address			 Contributions in FLORIDA 	
City & State Country Registered Agent Country Name 10. If changed, new Registered Agent/Office Name DASCO DEVELOPMENT CORPORATION 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414 Sireet Address (P.O. Box Number is Not Acceptable) 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 site for the purpose of changing its 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (po NOT Use Fost Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Numbers	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
Zip Country Zip Country 8, Make check payable to. Dept. of State (See reverse side for fee info 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name DASCO DEVELOPMENT CORPORATION 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414 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 site for the purpose of changing its 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (po Not Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registrator/Document Numbers	City & State	City & State	City & State		7	
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cus/KWI					ws/KWM "	

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 the required by chapter 620, Florida Statutes.

SIGNATURE _

790-6466