

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

FILED
97 APR -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A95000000553
P.R. & ASSOCIATES, LTD.	



Mailing Address 1428 B. OAK PLACE APOPKA FL 32712	Principal Office Address 1428 B. OAK PLACE APOPKA FL 32712 SAME
2. Mailing Address 1096 ERROL PARKWAY	2a. Principal Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State APOPKA, FLA	City & State
Zip 32712 Country U.S.	Zip Country

3. Date Formed or Registered 04/06/1995	5a. Capital Contributions as Shown on record \$700,000.00
3a. Date of Last Report 11/22/1995	5b. Amount of Capital Contributions in FLORIDA to date: 1,050,000
4. State or Country of Formation FL	
6. FEI Number 59-3318462	<input type="checkbox"/> Applied For <input checked="" 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	10. If changed, new Registered Agent/Office
MOUNTCASTLE, RONALD L 1428 B. OAK PLACE APOPKA FL 32712	Name
	Street Address (P.O. Box Number is Not Acceptable) 1096 ERROL PARKWAY
	Suite, Apt. #, etc.
	City APOPKA FL Zip Code 32712

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) _____

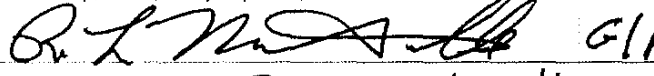
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
P.R. ASSOCIATES, INC.	C/O 201 W. HIGHWAY 43 1096 ERROL Pk.	ALTAMONTE SPRINGS FL APOPKA	P94000068018

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 **12-26-96**

Typed or Printed Name of General Partner Signing Form **R.L. Mountcastle GP** Daytime Telephone Number **407-886-0272**