FILE ON OR BEFORE APRIL 8,1998 TO AVOID 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

Malling Address

1a. DOCUMENT # **A9500000665**

Principal Office Address

THE TOLPIN FAMILY COMPANY, LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR -6 AM 9: 28



3. Date Formed or Registered

300 INTERNATIONAL PKWY.	300 INTERNATIONAL PKWY.		04/27/1995	1300000
STE, 376 HEATHROW FL 32746	STE. 376 HEATHROW FL 32746	38. Date of Last Report 12/30/1996		5b. Argunt of Control
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	28. Principal Office Address	28. Principal Office Address		\$135,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For
City & State	City & State	City & State		Not Applicable \$8.75 Additional
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	Fee Required of State (See reverse side for fee information)
9. Name and Address of Cur	rent Registered Agent	1	10. If changed, new Register	ed Agent/Office
STALNAKER, FAITH K		James E. Gase, CPA		
300 INTERNATIONAL PKWY.		Street Address (P.O. Box Number is Not Acceptable) 1411 Edgewater Drive.		
STE. 376		Suite, Apt. #, etc.		
HEATHROW FL 32746		Suite 200 City Orlando FL 32804		
10a. Pursuant to the provisions of sections 620.105	I and 620 102 Elevida Statutas the above agree	Orlando		
agent. I am familiar with, and accept the obligs SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	Tamus E AT IS A CORPORATION, L IST BE REGISTERED AND	D ACTIVE WI	TNERSHIP OR OTHI TH THIS OFFICE.	
11. Name(s) of General Pertner(s)	11a. Address of Each General (Do NOT Use Post Office Bo)	Partner x Numbers) 11b.	City, State & Zrp Code	11c. Registration/ Document Number
ANN MARSHALL, INC.	300 INTERNATIONAL PK	w H	EATHROW FL 32746	P95000016761 (77)
			6000	04/08/98011070098 *****786.25 ****541.25
Note: General partners MAY No	OT be changed on this form	an amendme	ent must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied w				
Corporations from any liability of non-compliance this annual report is true and accurate and that mempowered to execute this report as required by	with Section 119.07(3)(k) in the event that the Info y signature shall have the same legal effects as i	ormation supplied is dee	emed exempt from public access. I furt	her certify that the information Indicated on
SIGNATURE Shulan Ing	and, ann markace to	Rudint	DATE	3:31.98
Typed or Printed Name of General Partner Signing Form				