

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-0006

A95000000802



ACCOUNT NO. : 072100000032

REFERENCE : 605048 5310A

AUTHORIZATION :

600001502546
-05/31/95--01107--005
***1837.50 ***1837.50

COST LIMIT : * PREPAID

ORDER DATE : May 25, 1995

ORDER TIME : 9:59 AM

ORDER NO. : 605048

CUSTOMER NO: 5310A

CUSTOMER: Jackson Boggs, Esq
FOWLER WHITE GILLEN BOGGS
VILLAREAL & BANKER, P.A.
501 E. Kennedy Blvd., Ste. 1700
P.o. Box 1438
Tampa, FL 33602

G. TAX	_____
FILING	_____ 1750.00
R. AGENT FEE	_____ 35.00
C. COPY	_____ 52.50
TOTAL	_____ 1837.50
S. BANK	_____
BALANCE DUE	_____
FOUND	_____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 12:03

RECEIVED
95 MAY 25 AM 9:43
DIVISION OF CORPORATIONS

DOMESTIC FILING

NAME: FRED & ASTRID ALESSI
ENTERPRISES, LTD.

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Guma

EXAMINER'S INITIALS: AK

5/25/95

CERTIFICATE OF LIMITED PARTNERSHIP
FRED & ASTRID ALESSI ENTERPRISES, LTD.

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. Name. The name of this limited Partnership shall be "Fred & Astrid Alessi Enterprises, Ltd."

2. Registered Agent and Address. The office and the name of the agent for service of process required to be maintained is as follows:

Alfred S. Alessi
4701 West Comanche Avenue
Tampa, Florida 33614

3. General Partner. The name and business address of each general partner is:

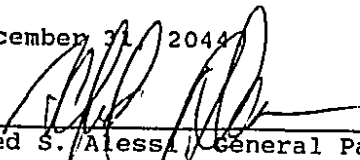
Alfred S. Alessi
4701 West Comanche Avenue
Tampa, Florida 33614

Astrid Alessi
4701 West Comanche Avenue
Tampa, Florida 33614

4. Mailing Address. The principal office and mailing address of the limited partnership is:

4701 West Comanche Avenue
Tampa, Florida 33614

5. Termination Date. The latest date upon which the limited partnership is to dissolve is December 31, 2044.



Alfred S. Alessi, General Partner



Astrid Alessi, General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 28 PM 12:03

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 14
of October, 1994, by ALFRED S. ALESSI, who is personally
known to me or who has produced _____ as identification.



Print Name Sam F. Ciccarello

[SEAL]



OFFICIAL SEAL
SAM F. CICCARELLO
My Commission Expires
March 4, 1996
Comm. No. CC 184318

"NOTARY PUBLIC"

My Commission Expires:

March 4, 1996

Serial number, if any CC 184318

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 17
of October, 1994, by ASTRID ALESSI, who is personally known
to me or who has produced _____ as identification.



Print Name SAM F. Ciccarello

[SEAL]



OFFICIAL SEAL
SAM F. CICCARELLO
My Commission Expires
March 4, 1996
Comm. No. CC 184318

"NOTARY PUBLIC"

My Commission Expires:

March 4, 1996

Serial number, if any CC 184318

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 29 1995
PAGES 03

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

AFFIDAVIT OF GENERAL PARTNER

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared ALFRED S. ALESSI and ASTRID ALESSI, known to me to be the general partners of FRED & ASTRID ALESSI ENTERPRISES, LTD., a Florida limited partnership, who, before me first duly sworn, declares as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$ 1,970.00.

2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$10,000,000.00.

[Signature]
Alfred S. Alessi, General Partner

[Signature]
Astrid Alessi, General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 12:03

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 14 of October, 1994, by Alfred S. Alessi, who is personally known to me or who has produced _____ as identification.

[Signature]
Print Name Sam F. Ciccarello

"NOTARY PUBLIC"

My Commission Expires:

March 4, 1996

[SEAL]

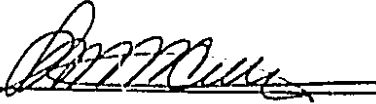


OFFICIAL SEAL
SAM F. CICCARELLO
My Commission Expires
March 4, 1996
Comm. No. CC 184318

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 14
of October, 1994, by Astrid Alessi, who is personally known to
me or who has produced _____ as identification.



Print Name SAM F. CICCARELLO

"NOTARY PUBLIC"

My Commission Expires:

MARCH 4, 1996

[SEAL]



OFFICIAL SEAL
SAM F. CICCARELLO
My Commission Expires
March 4, 1996
Comm No. CC 184318

**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 18 PM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of limited partnership
FRED & ASTRID ALESSI ENTERPRISES, LTD.

1n. DOCUMENT #
A95000000802

Mailing Address: **4701 WEST COMANCHE AVENUE TAMPA FL 33614**

Principal Office Address: **4701 WEST COMANCHE AVENUE TAMPA FL 33614**

2. How Mailing Address, if Applicable
City, State & Zip
500001670255

2n. Case Number
12/26/95-01029-005
Fees: *****191.25 ***131.25**

3. Date Formed or Registered in this State
FLORIDA 05/25/1995

3n. Date of Last Report
Initial

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
\$10,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$1,970

6. FEI Number
59-3318810

7. CERTIFICATE OF STATUS REQUIRED
Applied Fee: **\$191.25**

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**ALESSI, ALFRED S
4701 WEST COMANCHE AVENUE
TAMPA FL 33614**

10. If changed, new Registered Agent Office
Name
Street Address (P.O. Box Number is Not Acceptable)
City, State & Zip
FL

10a. Pursuant to the provisions of sections 609.105-1 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, as 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.

DATE **September 22, 1995**

SIGNATURE (Registered Agent Accepting Appointment)
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

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. Registered Document Number
ALESSI, ALFRED S	4701 WEST COMANCHE AV	TAMPA FL 33614	
ALESSI, ASTRID	4701 WEST COMANCHE AV	TAMPA FL 33614	

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 complete, accurate and true and I am responsible for the accuracy of the information stated in this filing. I hereby certify that the information indicated on this report is true and accurate and that the general partner(s) have the same regard for this as I do. I further certify that I am a general partner of the limited partnership, receiver or trustee empowered to execute this report as required by section 620.192, Florida Statutes.

SIGNATURE:

DATE: **10/15/95**

Telephone Number: _____

CR2E003 (6/95)