



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 17 AM 11:35</p> 	
1. Name of Limited Partnership WINDSOR PARKE MANAGEMENT, LTD.		1a. DOCUMENT # A95000001032			
Mailing Address 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE FL 32216		Principal Office Address 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE FL 32216		3. Date Formed or Registered 07/11/1995 3a. Date of Last Report 01/03/1997 4. State or Country of Formation FL 6. FEI Number 59-3329825 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$299.00 5b. Amount of Capital Contributions in FLORIDA to date	

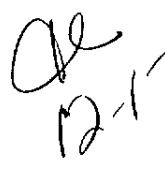
9. Name and Address of Current Registered Agent SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE FL 32216		10. If changed, now Registered Agent/Office Name: 400002380824-5 Street Address (P.O. Box Number Is Not Acceptable): 12/23/97-01072-011 Suite, Apt. #, etc.: ***156.25 ***156.25 City: FL Zip Code:	
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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) _____

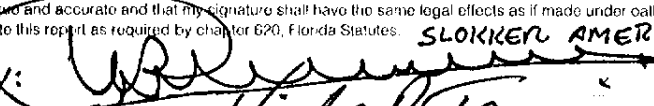
DATE _____

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) SLOKKER & AMERICA, INC. PRENTICE AMERICA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6900 SOUTHPOINT DRIVE, #250 JACKSONVILLE FL 32216 6900 SOUTHPOINT DRIVE, #250 JACKSONVILLE FL 32216	11b. City, State & Zip Code JACKSONVILLE FL 32216 JACKSONVILLE FL 32216	11c. Registration/Document Number P10713 P95000065606 <div style="text-align: right; font-size: 2em;">  12-17 </div>
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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 BY:  **SLOKKER AMERICA, INC., GENERAL PARTNER**
 Typed or Printed Name of General Partner Signing Form: **Victor R. Prentice** PRESIDENT DATE: **12/5/97**
 Daytime Telephone Number: **(703) 566-1006**

CR2003 (6/97)