FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998



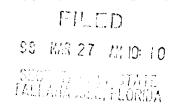
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A95000001148





FISHMAN & COMPANY, LTD.			ISIN BENIN BENIN BUSUN NABU MBAN BUBUN 18IN 18BA
Principal Office Address 1456 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411		3. Date Formed or Registered 07/27/1995 38. Date of Last Report 09/26/1996	58. Capital Contributions as Shown on record. \$100.00
28. Principal Office Addinss Link Annual Charles		4. State or Country of Formation	to date:
City (April)		65-0596067	Applied For Not Applicable
1210 74 1m 10 (a.c.), 1 1 210 2 34 80	Country A	<u> </u>	\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office			J Agent/Office
1456 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411 Street Address (P.O. Brandwinder is Not Acceptable) Suite, Apt. #, P: City Aur FL City Aur FL City Aur FL Suppose 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 820,192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) Ann Johnson DATE 2/21/90 A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY			
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
1456 BREAKERS WEST BL			P95000055360 20 00 00 00 00 00 00 00 00 00 00 00 00
		400002 -04/07 ****1	4816148 79801083020 41.25 ****141.25
		dee	
	20. Principal Office Address Suite, Apt. III, etc. City & Time Zip 3 34 90 egistered Agent 20.192, Floride Statutes, the above-name instered agent, or both, in the State of Floride Statutes. A CORPORATION, L BE REGISTERED ANI 11a. (Do NOT Use Post Office Bo	2a. Principal Office Address Sulte, Apt. #, etc. City & Time Zip 3 34 90 Country 3 34 90 Sulte, Apt. #, etc. City & Time Street Address (P.O. Sulte, Apt. #, etc. City & Time Street Address (P.O. Sulte, Apt. #, etc. City & Time Street Address (P.O. Sulte, Apt. #, etc. City & Time Sulte, Apt. #,	Principal Office Address 1456 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411 2a. Principal Office Address Lanch Address Lanch Active City Bride Zip 3 34 90 County A B. Make check payable to: Dept. of B. Make check payable to: Dept. of Rollie, Apt. 4, etc. City Bride Street Address (P.O. BA Number Is Not Acceptable) Suite, Apt. 4, etc. City County Acceptable to: Dept. of Position Book in the State of Florida. Such change was authorized by its general partner(s). I here is section 820, 92, Florida Statutes. PATE BA CORPORATION, LIMITED PARTNERSHIP OR OTHE BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code WEST PALM BEACH FL 33

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 filling 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 his report as required by chapter 620, Florida Statutes.

SIGNATURE Ann Johnson