

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP -8 AM 9:19



1. Name of Limited Partnership	1a. DOCUMENT # A96000000357
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NAPLES WAREHOUSE, LTD.

Mailing Address 8705 AIRPORT RD. N. STE. A NAPLES FL 34105	Principal Office Address 3705 AIRPORT RD. N. STE. A NAPLES FL 34105	3. Date Formed or Registered 02/23/1996	5a. Capital Contributions as Shown on record. \$180,625.00
2. Mailing Address 4173 Domestic Ave. Suite, Apt. #, etc. C/O AJS REALTY City & State NAPLES, FL. Zip 34104	2a. Principal Office Address 4173 Domestic Ave. Suite, Apt. #, etc. C/O AJS REALTY City & State NAPLES, FL. Zip 34104	3a. Date of Last Report 12/27/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 65-0643967	<input type="checkbox"/> Applied For <input 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 SALUAN, ANDREW 8705 AIRPORT RD. N. STE. A NAPLES FL 34105	10. If changed, new Registered Agent/Office Name ANDREW SALUAN Street Address (P.O. Box Number Is Not Acceptable) 4173 Domestic Ave. Suite, Apt. #, etc. City NAPLES FL Zip Code 34104
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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) *[Signature]*

DATE **9/5/97**

**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) AJS MANAGEMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8705 AIRPORT RD. N. 4173 Domestic Ave.	11b. City, State & Zip Code NAPLES FL 34105 34104	11c. Registration/ Document Number P94000008632 900002289 -09/10/97-01106-001 ****541.25 ****541.25
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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 *[Signature]*

DATE **9/5/97**

Typed or Printed Name of General Partner Signing Form **ANDREW J. SALUAN**

Daytime Telephone Number **941-649-4422**

CR2E003 (6/97)