

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 OCT -2 PM 2: 21

1. Name of Limited Partnership MAZOUREK ENTERPRISES, LTD.	1a. DOCUMENT # A96000000505
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Mailing Address 11465 COUNTY LINE ROAD SPRING HILL FL 34609	Principal Office Address 11465 COUNTY LINE ROAD SPRING HILL FL 34609	3. Date Formed or Registered 03/15/1996	5a. Capital Contributions as Shown on record \$5,000,000.00
		3a. Date of Last Report 10/01/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		6. FEI Number 59-3368421	<input type="checkbox"/> Applied For <input checked="" 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 ORAVEC, JANICE M 14459 COUNTY LINE ROAD BROOKSVILLE, FL 34609	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 13205 Old Crystal River Road City Brooksville FL Zip Code 34601
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MAZOUREK, JENNIE	11465 COUNTY LINE ROA	SPRING HILL FL 34609	
MAZOUREK, ALVIN R	509 COLONIAL DRIVE	BROOKSVILLE FL 34601	
MAZOUREK, GEORGE C	11395 COUNTY LINE ROA	SPRING HILL FL 34609	
ORAVEC, JANICE M	14459 COUNTY LINE ROAD 13205 Old Crystal River Rd.	BROOKSVILLE FL 34609 34601	

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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 *Janice M. Oravec* DATE *9-17-97*
 Typed or Printed Name of General Partner Signing Form *JANICE M. ORAVEC* Daytime Telephone Number *352-796-4342*

CR2E003 (6/97)