FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOOLINAENIT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 11 AM 10: 54

1. Name of Limited Partnership		A9600000636					
JPC PA	RTNERS, LTD.						
Mailing Addre	iss	Principal Office Address		3. Date Formed or Registered	5a. Capit	tal Contributions as vn on record.	\neg
2300 GLADES RD. SUITE 100 E BOCA RATON FL 33431		2300 GLADES RD. SUITE 100 E BOCA RATON FL 33431		04/02/1996 3a. Date of Last Report	04/02/1996 3a. Date of Last Report 01/02/1998 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0669433	1	Applied For Not Applicable	
City & State		City & State		7. Certificate of Status Desired			
Zip Country Zip		Zip	Country	8. Make check payable to: Dept. of	State (See revi		5
Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
			Name				1
	FIELD, WILLIAM LADES ROAD	Street Address (P.O. B		P.O. Box Number Is Not Acceptable)	lox Number Is Not Acceptable)		
SUITE 1			Suite, Apt. #, etc	;.			\dashv
BOCA F	RATON FL 33431		City		FL	Zip Code	\dashv
for t age	suant to the provisions of sections 620,1051 and 6 the purpose of changing its registered office or reg nt. I am familiar with, and accept the obligations o	istered agent, or both, in the State of Florid		is authorized by its general partner(s), I hereby			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. N	ame(s) of General Partner(s)	11a. Address of Each General	Partner 4.	b. City, State & Zip Code	11c.	Registration/ Document Number	
JPC EC	QUITY CORP.	2300 GLADES ROAD, SUI	te	BOCA RATON FL 33431	P96	6000014391	(86/8)
ť		/00 E					CR2E003 (8/98)
•				300 <u>002</u> 7 -12/15/9 ****52		933 198016 ****526.25	R
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
Corpor this an	reby certify that the information supplied with this ations from any liability of non-compliance with Se nual report is true and accurate and that my signa vered to execute this report as required by chapter	ction 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	mation supplied is	deemed exempt from public access. I further	certify that the	information indicated on	ļ
SIGNAT	URE	11/2	<i>(</i>)	DATE /L	12/	98	
Typed or Printed Name of General Partner Signing Form Will UW/R. 6[88 42] Daytime Telephone Number (50) 392-6662							