

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 DEC 26 PM 3:54

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1. Name of Limited Partnership: **PROFESSIONAL MANAGEMENT CONCEPTS, LTD.**

1a. DOCUMENT # **A96000000769**

2. Mailing Address: **3101 W. 13TH STREET ST. CLOUD FL 34769**

2a. Principal Office Address: **3101 W. 13TH STREET ST. CLOUD FL 34769**

3. Date Formed or Registered: **04/16/1996**

3a. Date of Last Report: **02/03/1997**

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on record: **\$970.00**

5b. Amount of Capital Contributions in FLORIDA to date: **970.00**

6. FEI Number: **59-3373790**

7. Certificate of Status Desired: Applied For Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

MURRAY, FRANK J
4530 ALBRITTON ROAD
ST. CLOUD FL 34772

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ State **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1061 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
MURRAY, FRANK J	4530 ALBRITTON ROAD	ST. CLOUD FL 34772	100002398271--2 -01/13/98--01054--012 ****156.25 ****156.25

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: *Frank J Murray* DATE: **12/23/97**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CORP2003 (6/97)