

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 23 PM 1:56



1. Name of Limited Partnership
1a. DOCUMENT #
A96000001069

MO-AN OF FLORIDA LIMITED PARTNERSHIP

Mailing Address MEADOWBROOK MALL SUITE 27 CLEMMONS NC 27012	Principal Office Address MEADOWBROOK MALL SUITE 27 CLEMMONS NC 27012	3. Date Formed or Registered 06/06/1996	5a. Capital Contributions as Shown on record \$1,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date \$1,000.00
2. Mailing Address 70 Box 1670	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 56-1979794	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Clemmons NC	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip 27012	Zip	8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., STE. 1 TALLAHASSE FL 32301	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code FL

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 _____

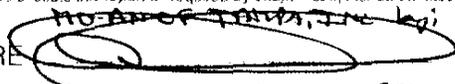
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
MO-AN OF TAMPA, INC.	MEADOWBROOK MALL, SUI	CLEMMONS NC 27012	P96000054279


700002046477--5
-01/06/97--01024--006
******191.25 ****191.25**

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  DATE **12/2/96**

Typed or Printed Name of General Partner Signing Form **MO-AN OF TAMPA INC BY DOUG ANGUS** Daytime Telephone Number **910766-5666**

CRE2E003 (6/96)