

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

FILED

98 MAR 30 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  FINANCIAL WEST, LTD.	1a. DOCUMENT # <b>A96000001078</b>  98-AP- CM
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Mailing Address 2787 E. OAKLAND PARK BLVD., SUITE 205-6 FT. LAUDERDALE FL 33306		Principal Office Address 2787 E. OAKLAND PARK BLVD., SUITE 205-6 FT. LAUDERDALE FL 33306		3. Date Formed or Registered 06/07/1996	5a. Capital Contributions as Shown on record. \$800,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/15/1996	5b. Amount of Capital Contributions in FLORIDA to date: 800,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0674428 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		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  FESSLER, CLAUD D 2787 E. OAKLAND PARK BLVD., SUITE 205-6 FT. LAUDERDALE FL 33306	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City FL Zip Code
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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
POLICE TODAY PUBLISHING GROU	2787 E. OAKLAND PARK	FT. LAUDERDALE FL 33306	P96000018631

**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 *X Claus D. Fessler* DATE *X 03/08/98*  
Typed or Printed Name of General Partner Signing Form *X President, Claus Fessler* Daytime Telephone Number *X 954/4809447*

CR2E003 (12/97)