


**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership ORLANDO CENTRAL NUMBER ONE LIMITED PARTNERSHIP		1a. DOCUMENT # A96000001356	
Mailing Address 1075 GILLS DRIVE, SUITE 300 ORLANDO FL 32824		Principal Office Address 1075 GILLS DRIVE, SUITE 300 ORLANDO FL 32824	
2. Mailing Address 2509 INVESTORS ROW Suite, Apt. #, etc. City & State ORLANDO, FL Zip Country 32837 ORANGE		2a. Principal Office Address 2509 INVESTORS ROW Suite, Apt. #, etc. City & State ORLANDO, FL Zip Country 32837 ORANGE	
3. Date Form or Registered 07/19/1996		5a. Capital Contributions as Shown on record. \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: .00	
4. State or Country of Formation FL		6. FEI Number 59-3395501	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 10 PM 3:15



GW BK 4/10/97

9. Name and Address of Current Registered Agent BROCKMAN, CHRISTOPHER C 2 SOUTH ORANGE AVENUE ORLANDO FL 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) CORPOREX OCP CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1075 GILLS DRIVE, SUI	11b. City, State & Zip Code ORLANDO FL 32824	11c. Registration/Document Number P960000060553
500002142615--5 -04/14/97--01152--009 *****165.00 *****165.00			

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

CORPOREX OCP Corporation, General Partner
Executive Vice Pres
J.W. Hran Blackham

DATE

APRIL 9th 1997

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

606-292-6539