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

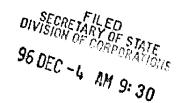
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form _

DOCUMENT #





	ASOUUUU	A9000001494		_!	
HORNE LAUREL, LTD.				TRIMI BUNIN TERIK BERTA KENI DIDIR DUNI DIRI LUDA	
			01214	152	
ling Address Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
P.O. BOX 40606 JACKSONVILLE FL 32203-0606	1357 West Beaver Street Jacksonville FL 32209		08/09/1996 38. Date of Last Report	\$12,000.00	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		io date.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			2 Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
			O, make one payable to popul	of Clarifo Control (Control (C	
9, Name and Address of Current Registered Agent		10. If changed new Registered Agent/Office			
Chupp, Charles 0 1357 West Beaver Street Jacksonville Fl 32209		Name Street Address (P.O. Box Number Is Not Acceptable)			
					Suite, Apt. #, etc.
				City	
10a. Pursuant to the provisions of sections 6%) 1051 and 620,192, Florida Statutes, the above-name	and firmited partner	ership propaized or registered under the laws of	the State of Florida, submits this statement	
 for the purpose of changing its registered 	d office or registered agent, or both, in the State of Floobligations of section 620 192, Florida Statutes.				
agoni. Fair tarmial with, and accept the t	Soliganoris of Section 020 132, Fronting Octobers.		 √	9/11/91	
SIGNATURE (Registered Agent Accepting Appoint			DATE		
A GENERAL PARTNER T	THAT IS A CORPORATION, MUST BE REGISTERED AN	LIMITED ID ACTI\	PARTNERSHIP OR OTHI E WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NO) Use Post Office	ral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
CHUPP, CHARLES O	1357 WEST BEAVER S	1357 WEST BEAVER STRE		2E003 (6/96)	
\$			900002 -12/10	0242690 & 0242690 & 795-01041015 22,75 ****222,75	
			*****	22,75 ****222,75	
		ŀ			
•					
Note: General partners MA	Y NOT be changed on this for	m; an am	endment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supp Corporations from any liability of non-compl	olled with this filing is voluntarily furnished and does lance with Section 119.07(3)k) in the event that the	not qualify for the information supp	e exemption stated in Section 119.07(3)(k), Florid blied is deemed exempt from public access. I fur	a Statutes. I release the Division of their certify that the information indicated on	
empowered to execute this report as require	that my signature shall have the same legal effects a ed by chapter 620, Florida Statutes.	is in reduce under	оам тылиет сетпу шаст аго а сепетаг Раппег	or the minion partnership, receiver or trustee	

CHUPP

Daytime Telephone Number .

CHARLES