FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

ANNUAL REPORT

1998



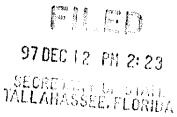
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600001895**



... DATE 12/8/97

HE DAVID FAMILY LIMITED PARTNERSHIP				1 (684) 16 16 16 16 16 16 16 16 16 16 16 16 16			
					JL12/12		
Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
8290 S.W. 105TH STREET MIAMI FL 33156		8280 S.W. 105TH STREET	8280 S.W. 105TH STREET				
		MIAMI FL 33156		10/11/1996 3a. Date of Last Report	\$5,000,000.00		
				12/30/1996	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Addre		2a. Principal Office Address		4. State or Country of Formation	to date:		
A Walling Audit	765	Za. Frincipal Office Address	Za. Principal Office Address		5,000,000.00		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		[],		
City & State		City & State	ty & State		Applied For Not Applicable		
				7. Certificate of Stalus Desired	\$8.75 Additional		
Zip	Country	Zip C	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		irrent Registered Agent	10. If changed, new Registered Agent/Office				
DAVID, GLORIA F 8280 S.W. 105TH STREET MIAMI FL 33158			Name				
			Street Address (P.O. Box Number is Not Accoptable)				
			Suite, Apt. #, etc.				
		}	City Zip Code				
for the purpo agent. I ami SIGNATURE (Registe	ose of changing its registered office familiar with, and accept the oblighted pred Agent Accepting Appointment AL PARTNER THA	of and 620 192, Florida Statutes, the above-named color registered agent, or both, in the State of Floridiations of section 620, 192, Florida Statutes. It). AT IS A CORPORATION, LIJST BE REGISTERED AND	a Such change w	as authorized by its general partner(s). I here DATE ARTNERSHIP OR OTHE	oby accept the appointment of registered		
11. Name(s) c	of General Partner(s)	Address of Each General F (Do NOT Use Post Office Box			11c. Registration/		
	 	(DOTA) USE FOST Office Box	rumbers)		Document Number		
DAVID, GLOR	MA F	8280 S.W. 105TH STREE	:	MIAMI FL 33156			
,				200002: -12/17/ ****54	975842- C 797-01112-017 11.25 ****541.25		
Note: Gene	ral partners MAY N	OT be changed on this form;	an amend	ment must be filed to cha	nge a general partner.		

12. I do hereby certify that the information supplied with this filling 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 this same legal effects as if made under eath. 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

Gloria & David

Typed or Printed Name of General Partner Signing Form