



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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 NOV 21 PM 1:46</p> 	
1. Name of Limited Partnership TROPICAL ISLE, LTD.		1a. DOCUMENT # A96000002167			
Mailing Address 10610 METRIC, SUITE 180 DALLAS TX 75243		Principal Office Address 10610 METRIC, SUITE 180 DALLAS TX 75243		3. Date Formed or Registered 11/25/1996	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/27/1996	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$3,600,000.00		5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 59-3412747		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		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)					

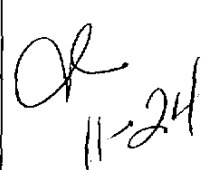
9. Name and Address of Current Registered Agent SULLIVAN, MICHAEL J ESQUIRE 111 NORTH ORANGE AVE. ORLANDO FL 32801		10. If changed, now Registered Agent/Office Name: 400002358424-2 Street Address (P.O. Box Number Is Not Acceptable): 11/25/97-01110-007 Suite, Apt. #, etc.: ****541.25 ****541.25 City: FL Zip Code:	
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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) NOBLE-KIDD CORPORATION API INVESTMENTS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10610 METRIC, SUITE 140 4949 WESTOWN PARKWAY,	11b. City, State & Zip Code DALLAS TX 75243 WEST DES MOINES IA 50	11c. Registration/Document Number P96000053102 F96000006181 <div style="text-align: right; font-size: 2em;">  11-24 </div>
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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 10/14/97

Typed or Printed Name of General Partner Signing Form

R. EDWARD NOBLE

Daytime Telephone Number

214-343-1452 X101

CR2E003 (6/97)