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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country To Contificate of Status Desired \$8.75 Ar. Fee Req 8. Make check payable to: Dept. of State (See reverse side for fee 10. If changed, new Registered Agent/Office WTS, INC. 2785 S.E. ST LUCIE BLVD STUART FL 34997 Suite, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, submilts this for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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 EI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registrat A Corporation of Each General Partner 11a. Registrat Registrat	1. Name of Limited Partnership 1a. DOCUMENT # A9600002177					
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City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country To Contribute of Status Desired 8. Make check payable to: Dept. of State (See reverse elde for fee 9. Name and Address of Current Registered Agent Name WTS, INC. 2785 S.E. ST LUCIE BLVD Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code 108. 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 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 horeby accept the appointment or agent. I em familiar with, and accept the obligations of section 620.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) The Registrat WTS, INC. 2785 S.E. ST. LUCIE B STUART FL 34997 S08258		<u> </u>	 	FL		
Zip Country Zip Country Zip Country 7. Contificate of Status Dealred \$8.75 An Fee Reg 8. Make check payable to: Oept. of State (See reverse side for fee 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office WTS, INC. 2785 S.E. ST LUCIE BLVD STUART FL 34997 Suite, Apt. #, etc. City FL Zip Code FL Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code FL Suite, Apt. #, etc. City FL Zip Code	etc.	Suite, Apt. #, etc.			Applied For	
Zip Country 8. Make check payable to: Dept. of State (See reverse idea for fee 9. Name and Address of Current Registered Agent) WTS, INC. 2785 S.E. ST LUCIE BLVD STUART FL 34997 10a. Pursuant to the provisions of sections 820.1051 and 620.192, Florida Statules, the above named limited partnership organized or registered under the laws of the State of Florida, submits this for the purpose of changing its registered dice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment or agent. I am familiar with, and accept the obligations of section 620.192, Florida Statules. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(e) 11a. (D. Address of Each General Partner 11b. City, State & Zip Code 11c. Decuments WTS, INC. 2785 S.E. ST. LUCIE B STUART FL 34997 S08258		City & State			Not Applicable	
9. Name and Address of Current Registered Agent WTS, INC. 2785 S.E. ST LUCIE BLVD STUART FL 34997 Suite, Apt. #, etc. City FL Zip Code To the purpose of changing its registered office or registered degent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment or general partner(s) and accept the obligations of section 620.192, Florids Statues. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EI MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 118. (Do NOT Use Post Office Box Numbers) TUART FL 34997 S08258 STUART FL 34997 S08258	Country	Zip Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
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STUART FL 34997 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code Total 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 for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment or agent. I em familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EL MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers) The City, State & Zip Code 11c. Registrat Document Numbers SIGNATURE BUSINESS EL ST. LUCIE B STUART FL 34997 S08258	2785 S.E. ST LUCIE BLVD		Name			
STUART FL 34997 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 for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ELEMENTS BEREGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Registrat Document N S08258			Street Address (P.O. Box Number Is Not Acceptable)			
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 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 or agent. I am familier with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EIMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) WTS, INC. 2785 S.E. ST. LUCIE B STUART FL 34997 S08258			Suite, Apt. #, etc.			
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners.	eneral partners MAY NOT	be changed on this form	n; an amendr	nent must be filed to ch	nange a general partner.	
12. It is 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 Colorations 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 in 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, receivempowered to execute this report as required by chapter 620, Florida Statutes.	by certify that the information supplied with toons from any liability of non-compliance with all report is true and accurate and that my significant in the structure of the supplier of the	nis filing is voluntarily furnished and does no Section 119.07(3)(k) in the event that the Inf malure shall have the same legal effects as	I qualify for the exemp formation supplied is o	otion stated in Section 119.07(3)(k), Florid deemed exempt from public access. I fur	da Statutes. I release the Division of their certify that the information indicated on	
SIGNATURE Bonny & My L. Wolff 561 286 5395	JRE Bonny & It	y		DATE	9/8/97	