

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. Martham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002390

STRONG HUTCHINS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 19 PM 2:42

12/24



Mailing Address P.O. BOX 14836 NORTH PALM BEACH FL 33408-0836	Principal Office Address P.O. BOX 14836 NORTH PALM BEACH FL 33408-0836	3. Date Formed or Registered 12/20/1996	5a. Capital Contributions as Shown on record \$65,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 01/08/1997	5b. Amount of Capital Contributions in FLORIDA to date \$65,000.00
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 65-0720394 APPLIED FOR
Zip	Zip	7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
Country	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

HUTCHINS, CHARLES S
112 ATLANTIC ROAD
NORTH PALM BEACH FL 33408-0836

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code
FL

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) HUTCHINS, CHARLES S TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 112 ATLANTIC ROAD	11b. City, State & Zip Code NORTH PALM BEACH FL 3	11c. Registration/ Document Number
<p>500002385125 -- 1 -12/29/87--01136--002 ***541.25 ***541.25</p>			

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

Charles S. Hutchins

DATE 12/15/97

Typed or Printed Name of General Partner Signing Form

Charles S. Hutchins

Daytime Telephone Number 561-863-1621