FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

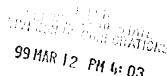
LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



1. Name of Limited Partnership	1a. DOCUN	1a. DOCUMENT # A96000002391		Lu 1: 03		
FREE TRADE, LTD.	A300000	2091				
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered 5a. Capital Contributions as Shown on record		
% BRUCE D. GREEN, P.A.	1710 WEST CYPRESS CREEK F	OAD	12/19/1996	\$10,000.00 5b. Amount of Capital Contributions in FLORIDA		
800 S. ANDREWS AVE., SUITE 400 FT. LAUDERDALE FL 33301	FORT LAUDERDALE FL 33309		3a. Date of Last Report 09/17/1997			
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address /		to date 10,000		
Suite, Apt. #, etc. City & State	Suite, Apt #, etc. City & State			Applied For Not Applicable		
				7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to Dept of State (See reverse side for fee information)		
Zip Cauntry	Zıp	Zip Country				
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office				
SHIRAZIPOUR, MAYER		Name				
1710 WEST CYPRESS CREEK ROAD		Street Address (P.O. Box Number Is Not Acceptable)				
FORT LAUDERDALE FL 33309		Suite, Apt #, etc				
		City		FL	Zip Code	
				by accept the ap		
A GENERAL PARTNER TH		LIMITED	PARTNERSHIP OR OTH	ER BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gen	eral Partner	11b. City, State & Zip Code	11c.	Registration/ Document Number	
FREE TRADE, INC.	1710 WEST CYPRESS	1710 WEST CYPRESS CRE (712 - 70.00) (87.75) (87.75)		P96	P96000102606	
	AR -			7 9: 1-0 18/990 198: 75	5:7125)1072002 ****158.75	
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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. Ido 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	
Typed or Printed Name of General Partner Signing Form	Mayer Shirazipaur, Director
	Partner

DATE 3/3/99

Daylime Telephone Number 954 - 171 - 8766

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CR2E003 (8/98)