


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC -1 PM 12:59	
1. Name of Limited Partnership		1a. DOCUMENT # A97000000024			
IRVIN M. FROST & ANNE FROST FAMILY LIMITED PARTNERSHIP					
Mailing Address 806 CYPRESS BLVD., BLDG. 93, APT. 205 POMPANO BEACH FL 33069		Principal Office Address 806 CYPRESS BLVD., BLDG. 93, APT. 205 POMPANO BEACH FL 33069		3. Date Formed or Registered 01/03/1997	5a. Capital Contributions as Shown on record \$1,287,465.62
2. Mailing Address 806 cypress Blvd Apt 205 Pompano Beach Fla 33069		2a. Principal Office Address 806 Cypress Blvd Apt 205 Pompano Beach Fla 33069		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date N/A
4. State or Country of Formation FL Broward		6. FEI Number Fed 58 227 6604		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent FROST, IRVIN M 806 CYPRESS BLVD., BLDG. 93, APT. 205 POMPANO BEACH FL 33069		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City 100002367131-5 -12/09/97-01/07/98 FL ****541.25			
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) Irvin M. Frost DATE 10-24-97					
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number		
FROST, DALE G KRAKAUER, SHELLEY F	70 WEST 36TH STREET 1031 ARBOR WAY DRIVE	NEW YORK NY 10018 AKRON OH 44313	A 97000000 024 A 97000000 024		
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 (Irvin M. Frost -) SHELLEY F. KRAKAUER DATE 11-22-97					
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 847 3090					

CR2E003 (6/97)