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. DOCUMENT # A9700000172

FILED
98 OCT 16 PM 2: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	9700000172				
VALCO ENTERPRISES, LTD.					
Mailing Address 7439 EAST HILLSBOROUGH AVENUE	Principal Office Address 7439 EAST HILLSBOROUGH AVENUE TAMPA FL 33610		3. Date Formed or Registered 01/21/1997	5a. Capital Contributions as Shown on record.	
TAMPA FL 33610			3a. Date of Last Report 01/05/1998 4. State of Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL	1,200,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State Zip Country		\$8.75 Additional	
Zip Country	Zip			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
LEVY, BUDDY J 7439 EAST HILLSBOROUGH AVENUE TAMPA FL 33610		Name Streat Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620,1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of FI				
SIGNATURE (Registered Agent Accepting Appointment)			DATE_		

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
VALCO GROUP, INC.	7439 EAST HILLSBOROUG	TAMPA FL 33610	P95000018216
		7000026 -10/16/ ***227	65937—8 9801098-008 6.25 ****526.25
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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 Ilability 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.

Typed or Printed Name of General Partner Signing Form _

SIGNATURE

__ Daytime Telephone Number_

CRZEUUS (8/88)