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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



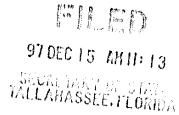
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000000261





DLEWILD, LTD.]	
		:		Af 12/15
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612	10549 N. FLORIDA AVENUE Suite K Tampa Fl 33612		01/29/1997 3a. Date of Last Report	\$1,811,700.00
NFR FL 33012				5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	
Sulte Apt. #, etc. 13902 N. Dale Mabry Hwy. #16			6. FLI Number 65 59-342608	Applied For Not Applicable
City & State Tampa, Florida	City & State Tampa, Florida		7. Certificate of Status Desired	Fin \$8.75 Additional
Zip Country 33618 USA	² (р 33618	Country USA	8. Make check payable to: Dept. of	Feo Required State (See reverse side for fee Information)
9. Name and Address of Current Re	ress of Current Registered Agent		10. If changed, new Registored Agent/Office	
MYERS, PARK 10549 N. FLORIDA AVENUE SUITE K TAMPA FL 33612		Name W. Parkinson Myers Street Address (P.O. Box Number Is No Acceptable) 13902 N. Dale Mabry Hwy, Suite, Apl. #, etc. Suite 165 City T. Zip. Code		
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of chariging its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	stered agent, or both, in the State of Flori		anized or registered under the laws of the	by accept the appointment of registered
A GENERAL PARTNER THAT IS	S A CORPORATION, L BE REGISTERED AN		NERSHIP OR OTHE	
11. Name(s) of General Partner(s)	11a. Address of Each Goneral (Do NOT Use Post Office Bo	Partrior	City, State & Zip Code	11c. Registration/ Document Number
CORO INVESTMENTS OF HILLSBOR	10549 N. FLORIDA AVEN	TAN	MPA FL 33612	P96000001974
			5000023 12/26/ ****54	083675 7 /9701090025 1.25 *****541.25
1				

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). Flonda 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 decimed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that triy signature shall have the same legal effects as if made under eath. 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 _ W Pay-Typed or Printed Name of General Partner Signing Form

W. Parkinson Myers

Daytimo Telephone Number 813 - 960 - 1006

DATE 12/1/85