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

1a. DOCUMENT # **A9700000528**

DIVISION OF CORPORATIONS
97 DEC 31 AM 9: 57



& R FRANK INVESTMENTS, LTD.			4 1941-64 1916 19111 (9911 69311 69111 69111 9311 69111 9010 91110 1490 1811 1911		
Mailing Address	Principal Office Address	Principal Office Address 13131 FORT CAROLINE ROAD JACKSONVILLE FL 32225		5a. Capital Contributions as Shown on record.	
19131 FORT CAROLINE ROAD JACKSONVILLE FL 32225				\$2,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	28. Principal Office Addre	ss	4. State or Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-343446	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
EDANK JAMES D		Name			

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
FRANK, JAMES R	Name Street Address (P.O. Box Numbel is not Machina by 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
13131 FORT CAROLINE ROAD JACKSONVILLE FL 32225	Suite. Apt. #, etc. ####541.25 ####541.25		
	City FL Zip Code		

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.

MOOT DE MEGISTENED AND ACTIVE WITH THIS OFFICE.					
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		
FRANK, JAMES R	13131 FORT CAROLINE R	JACKSONVILLE FL 32225			
Frank, ruth s	13131 FORT CAROLINE R	JACKSONVILLE FL 32225			
FRANK, JAMES R JR.	700 8TH AVENUE	JACKSONVILLE BEACH FL	QL .		
FRANK, JOHN B	7095 HOLLYWOOD BLVD.,	HOLLYWOOD CA 90028	15-		
FRANK, MARK S	1012 RUTH STREET	JACKSONVILLE FL 32250	1-1)		
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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. I do hereby certify that the information supplied with this filting 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 appowered to execute this report agreeuired by chapter 620. Florida Statutes.

SIGNATURE

Funu (MM)

DATE 12-24-91

_____ Daytime Telephone Number 904-645-862

CR2E003 (6/97)