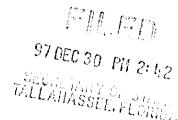
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



1. Name of Limited Partnership	1a. DOCUMENT # A9700000564		I ITALISII IND INDU INDU AND A	TO CONTRACT, THE INTERIOR IN THE INTERIOR SHALL	
J C N - CLAY, LIMITED PARTNERSHIP					
				9/21/13/98	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
226 WEST WALKER DRIVE			03/06/1997	\$106,451.61	
KEYSTONE HEIGHTS FL 32656			3a. Date of Last Report		
			IN ITIAL	5b. Amount of Capital Contributions in FLORIDA to date	
GO UTILICOM NETWONG, NO	200		4. State or Country of Formation		
2. Malling Address 124 WASIFINGTON STREET	2a. Principal Office i	Address	FL	106,451.61	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number		
SUITE DOL			59-345403	Applied For Not Applicable	
City & State EXBURU MA	City & State		7. Certificate of Status Desired	= restrictions	
Zip Country	Zip	Country		\$8.75 Additional Fee Required	
02035 USA			8. Make check payable to: Dopt. of	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
HASWELL, JOHN H 211 NORTHEAST FIRST STREET GAINESVILLE FL 32601		Name			
		Street Address	Street Address (P.O. Box Nuniber Is Not Acceptable)		
		Suite, Apt. #, c	Suite, Apt. #, etc.		
		City	a kiliki Kamba midik da kamba kiliki da kamba kilikika mada mid a ake kiliki mada a mba a mba a ma	FL Zip Code	
10a. Pursuant to the provisions of sections 620,1061 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	registered agent or both, in the	e State of Florida. Such change		o State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting Appointment)	.		DA1F		
A GENERAL PARTNER THAT MUST	IS A CORPORA I BE REGISTER	TION, LIMITED F ED AND ACTIVE	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of (Do NO) Use F	Each General Partner Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
UTILICOM NETWORKS CLAY COUNT	225 WEST WALKER DRIVE		K eystone-Heights FL 9	F97000000889	
	To UTTUCOM NETWARS por		Foxbore MA		
	124 WAS HINGTON ST.		02035		
4			-01/15	4021663 /38-01108-006 41.25 ****\$41.25	
1					

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 fring 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE.

DATE 174/97
Daylime Telephone Number 508 698 7018