FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATION

1999	DIVISION OF CORPORAT		1.05	
1. Name of Limited Partnership	1a. DOCUMENT: A9700000819	99 JAN -5 PM	1: 35	
MARFEL, LTD.				
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
6628 CITRUS VALLEY DRIVE ORLANDO FL 32812	6628 CITRUS VALLEY DRIVE ORLANDO FL 32812	04/14/1997 3a. Date of Last Report	\$100,000	
		01/05/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	FL	\$1,746.46	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number NOT APPLICABLE	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
			FF-914, 25	
9. Name and Address of Curr	rent Registered Agent Name	10. If changed, new Registere	d Agent/Office JUS 8,75	
BORRELL, EDGAR	Street A	ddress (P.O. Box Number is Not Acceptable)		
1 <u></u>		Street Address (P.O. Box Number 100 Acceptable) 02738690-3 Suite, Apt. #, etc. 91 (12/99-01) 085-014		
ORLANDO FL 32812		-01/12/33 81300		
	City	****	150.FQ *****150.00	
for the purpose of changing its registered office agent, I am familiar with, and accept the obligati	and 620.192, Florida Statutes, the above-fiamed limited pa or registered agent, or both, in the State of Florida. Such ch ions of section 620.192, Florida Statutes.	rtnership organized or registered under the laws of th ange was authorized by its general partner(s). I hereb	e State of Florida, submits this statement by accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU	AT IS A CORPORATION, LIMITE IST BE REGISTERED AND ACT	D PARTNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers	11b City State & Zin Code	11c. Registration/ Document Number	
DANFEL, INC.	6628 CITRUS VALLEY DR	ORLANDO FL 32812	P96000064574	
<u> </u>				
Note: General partners MAY NO	OT be changed on this form; an a	mendment must be filed to ch	ange a general partner.	

I do hereby certify that the information supplied with this filing is voluntarily furnished and doss 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 execut this report as required by chapter 620, Florida Statutes.

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Typed or Printed Name of General Partner Signing Form __

Daytime Telephone Number

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