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

DOCUMENT# A97000001065

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NEX 34, LTD.					
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1512 E. BROWARD BLVD., SUITE 104	1755 E. COMMERCIAL BLVD UNIT 102		05/13/1997	\$1,000.00	
FORT LAUDERDALE FL 33301	FT. LAUDERDALE FL 33334		3a. Date of Last Report		
			10/17/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address			#1,000.00	
2350 N. FEDERAL HIGHWAY			_ FL	47,000.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
		Oit & Chala		Not Applicable	
FT. LAUDERDALE , FL	City & State		65-0752802 7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country 53305 USA	Zip Country		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			
		Name			
MCLAUGHLIN, GREGORY A		treat Address (P.O.	ess (P.O. Box Number Is Not Acceptable)		
TRIPP, SCOTT, CONKLIN & SMITH			SE 6th ST, 15th FLOOR		
110 SE 6TH ST., 28TH-Ft Sulte, Apt.		ulte, Apt. #, etc.	W, etc.		
FT. LAUDERDALE FL 33301		fL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florida. S	ited partnership org uch change was au	ganized or registered under the laws of the uthorized by Its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT I	S A CORPORATION, LIM BE REGISTERED AND A	IITED PAR	RTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Par (Do NOT Use Post Office Box Nu	tner mbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
REX, INC.	-1512 E. BROWARD BLVD.		T. LAUDERDALE FL 333-	P97000017009	
•	2350 N. FEDERAL HI	wy!	33305	-	
•			0000028 -10/13,	15:2400	
				4012	

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 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

SIGNATURE