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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



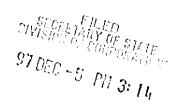
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9700001217**





JEWETT ASSOCIATES LIMITED PARTNERSHIP							
				CD12/3			
Malling Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
2567 CARAVELLE CIRCLE	22567 CARAVELLE CIRCLE	22567 CARAVELLE CIRCLE BOCA RATON FL 33433		06/02/1997 3a. Date of Last Report		\$100,000.00	
OCA RATON FL 33433							
					5b. Amo	unt of Capital ributions in FLORIDA	
	100 00 100	100		4. State or Country of Formation		to date:	
. Mailing Address	28. Principal Office Address	28. Principal Office Address		FL			
uite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FEI Number		F3	
ity & State	City & Clata	City & State		65-0731259	Applied For Not Applicable		
ny a state	City & State	City & State		Certificate of Status Desired		\$8.75 Additional Fee Required	
ip Country	Žip	Country	R Make sheet we sale to Deat a				
				8. Make check payable to: Dopt. of State (See reverse side for fee Informati			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
GOLDMAN, ARNOLD 22567 CARAVELLE CIRCLE BOCA RATON FL 33433		Namo					
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc					
		City			FL	Zip Code	
	n()	Florida Such chan	ge was authoriz	red by its general partner(s). Ther	eby accept the	appointment of registers	
MULTINES IN	UST BE REGISTERED A	ND ACTIV	E WITH	THIS OFFICE.	.n bosi	INLOS LIVITI	
1. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, State & 7ip Code	11c.	Registration/ Decument Number	
JEWETT ASSOCIATES, INC. 22567 CARAVELLI				BOCA RATON FL 33433		P97000007223	

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 amendment must be filed to change a general partner.

this annual report is true and accurate and lumbured to execute this report as required by the

SIGNATURE .

TURE . July July Inted Name of General Partner Signing Form .

DATE 12 -1-97

Daytime Telephone Number

(I) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on avoithe same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee