


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

FILED

97 DEC 19 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # A97000001428		
THE HOWARD AND MARILYN WIENER FAMILY LIMITED PARTNERSHIP				
Mailing Address 8280 HUGH ALLISON PLACE SARASOTA FL 34249		Principal Office Address 8280 HUGH ALLISON PLACE SARASOTA FL 34249		
2. Mailing Address C/O John Wiener Suite, Apt. #, etc. 176 Torrey PL City & State Hewlett NY Zip Country 11557 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		



12/26

3. Date Formed or Registered 06/27/1997	5a. Capital Contributions as Shown on record. \$588,000.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 588,000.00
4. State or Country of Formation FL	6. FEI Number 59-3454436 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 800002385229--7 Suite, Apt. #, etc. -12/30/97--01005--016 City FL Zip Code ****550.00 ****550.00
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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.**

11. Name(s) of General Partner(s) WIENER, HOWARD E WIENER, MARILYN F	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8280 HUGH ALLISON PLA 8280 HUGH ALLISON PLA	11b. City, State & Zip Code SARASOTA FL 34249 SARASOTA FL 34249	11c. Registration/Document Number
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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 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Howard E. Wiener

DATE

12/16/97

Typed or Printed Name of General Partner Signing Form

HOWARD E. WIENER

Daytime Telephone Number

941-319-8880

CR2E003 (6/97)