



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 24 PM 4:05 <i>tk 115</i></p> 	
<b>1. Name of Limited Partnership</b>  <b>FIREPLUG SOFTWARE LTD.</b>		<b>1a. DOCUMENT #</b> <b>A97000001555</b>			
<b>Mailing Address</b> P.O. BOX 3653 ST. PETERSBURG FL 33731		<b>Principal Office Address</b> P.O. BOX 3653 ST. PETERSBURG FL 33731		<b>3. Date Formed or Registered</b> 07/15/1997 <b>3a. Date of Last Report</b> 1 <sup>ST</sup> FILING	
<b>2. Mailing Address</b> PO Box 3653		<b>2a. Principal Office Address</b>		<b>4. State or Country of Formation</b> FL	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>		<b>5a. Capital Contributions as Shown on record</b> \$7,000.00	
<b>City &amp; State</b> St Petersburg FL		<b>City &amp; State</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> - 0 -	
<b>Zip</b> 33731		<b>Country</b>		<b>6. FEI Number</b> 59-3457150	
<b>Country</b>		<b>Zip</b>		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>  CAHANIN, GREG 1909B BEACH DRIVE, SE ST. PETERSBURG FL 33705		<b>10. If changed, now Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		FL Zip Code	

**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.**

<b>11. Name(s) of General Partner(s)</b>  CAHANIN, GREGORY J	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  1909B BEACH DR., SE	<b>11b. City, State &amp; Zip Code</b>  ST. PETERSBURG FL 33731	<b>11c. Registration/Document Number</b>  100002393321-0 -01/07/93-01106-016 ***156.25 ***156.25
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

*Gregory J. Cahanin*  
 Gregory J. CAHANIN

18 Nov 97  
 813-822-9315

CR2E003 (6/97)