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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



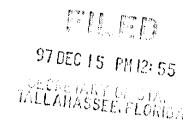
FLORIDA DEPARTMENT OF STATE

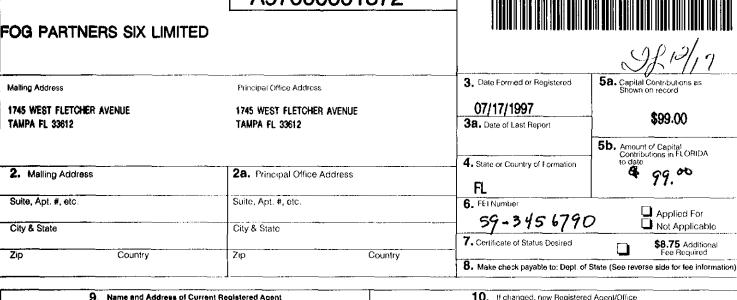
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000001572





9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
DIAMANDIS, JOHN T % RUDNICK & WOLFE	Name Street Address (P.O. Box Number Is Not Acceptable)	
101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33802	Suite, Apt. #, etc. City FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.1951 and 620.1951 fixed a 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner

Name(s) bi General Partitor(s)	(Do NOT Use Post Office Box Numbers)	11D. City, State & Zip Code	Document Number
FOG GENERAL, INC.	1745 WEST FLETCHER AV	TAMPA FL 33612	P94000033157
		800 <u>00</u> 2	3766084
		****	156.25 ****156.25
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		<u> </u>	 .

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 filling 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 hon-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 eath. 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

Father Signing Form Mark O. Hackyer

Registration/