

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -2 PM 2:43



1. Name of Limited Partnership	1a. DOCUMENT # A97000001576
GERMSTOPPER LTD.	

Mailing Address 620 DOUGLAS AVE., SUITE 1304 ALTAMONTE SPRINGS FL 32714	Principal Office Address 620 DOUGLAS AVE., SUITE 1304 ALTAMONTE SPRINGS FL 32714	3. Date Formed or Registered 07/18/1997	5a. Capital Contributions as Shown on record. \$200.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date \$200.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-345 7695 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent TODD, WILLIAM M 620 DOUGLAS AVE., SUITE 1304 ALTAMONTE SPRINGS FL 32714	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) GERMSTOPPER MANAGEMENT CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 620 DOUGLAS AVE., SUITE 1304	11b. City, State & Zip Code ALTAMONTE SPRINGS FL	11c. Registration/ Document Number P97000059831
4000002424214--7 -02/06/98--01120--011 ****156.25 ****156.25 32.50 103.75 dec			

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 *Germstopper Management Corporation, General Partner*
By: William M. Todd, Chairman

DATE **1/29/98**

Typed or Printed Name of General Partner Signing Form **GERMSTOPPER MANAGEMENT CORP.** Daytime Telephone Number **(407) 869-8410**

CR2E003 (6/97)