
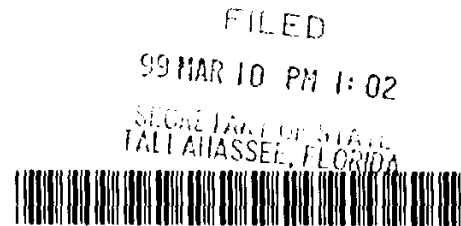


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership GLOUCESTER GLOBAL SEAFOOD, LTD.		1a. DOCUMENT # A97000001610	
Mailing Address P.O. BOX 5220 NICEVILLE FL 32578-5220	Principal Office Address 4540 HIGHWAY 20 EAST NICEVILLE FL 32578		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



3. Date Formed or Registered 07/23/1997	5a. Capital Contributions as Shown on record \$28,500.00
3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date \$28,500.00
4. State or Country of Formation FL	6. FEI Number 59-3463193 <input type="checkbox"/> Applied For <input checked="" 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 ZIVAN, JEROME A 4540 HIGHWAY 20 EAST NICEVILLE FL 32578	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) AMERICAN ACCESS INTERNATIONAL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4540 HIGHWAY 20 EAST	11b. City, State & Zip Code NICEVILLE FL 32578	11c. Registration/Document Number P96000038252
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9000002810859-6
-03/18/94-01072-007
****297.00 ****297.00
3-16-99

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

HELENE R. HARRIS, VICE PRES

Daytime Telephone Number

850-897-6430 X11