


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$100 PENALTY FEE

FILED

97 OCT 13 AM 11:42

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 STEPELTON PARTNERS LIMITED <i>98-APCM</i>		1a. DOCUMENT # A97000002022	
Mailing Address 2395 SE 8th St. Pompano Beach, FL 33062		Principal Office Address 2395 SE 8th St. Pompano Beach, FL 33062	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 9/18/97	
		3a. Date of Last Report	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record.	
		5b. Amount of Capital Contributions in FLORIDA to date \$625,000.00	
		6. FEI Number Pending <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		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)	

9. Name and Address of Current Registered Agent Steven a. Sciarretta, P.A. 2300 Glades Rd. Suite 302E Boca Raton, FL 33431		10. If changed, new Registered Agent/Office Name 9000002323409-0 Street Address (P.O. Box Number Is Not Acceptable) 10/17/97-01096-008 Suite, Apt. #, etc. ****541.25 ****541.25 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.

STEVEN A. SCIARRETTA
SIGNATURE (Registered Agent Accepting Appointment)

DATE *10/10/97*

**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) STEPELTON ADVISORS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2395 SE. 8th St.	11b. City, State & Zip Code Pompano Beach, FL 33062	11c. Registration/ Document Number P9700080245
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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

Sean Stepelton Pres.
Sean Stepelton, Pres. STEPELTON ADVISORS, INC.

DATE

10/10/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

361 368-7978

CR2E003 (6/97)