


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 97 NOV 17 PM 12:12	
1. Name of Limited Partnership: JAKA REALTY COMPANY, LTD.		1a. DOCUMENT # A97000002413			
Mailing Address 515 Gus Hipp Boulevard Rockledge, Florida 32955		Principal Office Address 515 Gus Hipp Boulevard Rockledge, Florida 32955		3. Date Formed or Registered 11-05-97 3a. Date of Last Report n/a 4. State or Country of Formation Florida 6. FEI Number _____ <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$7,500.00 5b. Amount of Capital Contributions in FLOIDA to date: \$7,500.00 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 Robert A. Huber 515 Gus Hipp Boulevard Rockledge, Florida 32955	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. 700002352397-3 City -11/19/97-01102-008 ****156.25 FL ****156.25
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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) OHM REALTY, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 515 Gus Hipp Blvd.	11b. City, State & Zip Code Rockledge, FL 32955	11c. Registration/Document Number P97000063394  11-18
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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 _____

President

DATE

11-13-97

Typed or Printed Name of General Partner Signing Form: **Jane E. Velluto**

Daytime Telephone Number _____

CP2E003 (6/97)