FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # A97000002594

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MAIWAL INVESTMENTS LTD.			! INDIBER JOIN INH TORM OTHER BAIL BRILL DEILI BAIL ILBN BEILD ILBN BAIL ILBN BAIL		
		/			
Malling Address	Prin	cipal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
4400 NORTH A1A, SUITE 1001 4400 NORTH A1A, SUITE 1		400 NORTH A1A. SUITE 1001		12/02/1997	\$987.50 5b. Amount of Capital Contributions in FLORIDA
		IORTH HUTCHINSON ISLAND T. PIERCE FL 34949		3a. Date of Last Report 01/20/1998	
2. Mailing Address	2a.	Principal Office Address		4. State or Country of Formation	to date
Suite, Apt. #, etc.	Suite	e, Apt. #, etc.	(6. El Number APPLIED FOR	Applied For
City & State	City	& State		7. Certificate of Status Desired	Not Applicable
Zip Country	Zip		Country		\$8.75 Additional Fee Required if State (See reverse side for fee Informat
9. Name and Ad	ddress of Current Registers	d Agent		10. If changed, new Registered	Agent/Office
SKLAR, WALTER 4400 NORTH A1A, SUITE 1001 NORTH HUTCHINSON ISLAND FT. PIERCE FL 34949		Name Street Address (P.O. Box Number Is Not Acceptable)			
			Suite, Apt #, etc		
	tions 620.1051 and 620.192,	Florida Statutes, the above name	Orty	nized or registered under the laws of the	FL Zip Code
10a. Pursuant to the provisions of sect for the purpose of changing its reagent. I am familiar with, and accepting	gistered office or registered a cept the obligations of section pappointment)	gent, or both, in the State of Flori 620.192, Florida Stalutes.	ad limited partnership organ ida Such change was autl	iorized by its general partner(s). I here	FL ne State of Florida, submits this statemen aby accept the appointment of registered
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DATE 2-11-99

WALTER SIKLAR Daytine Telephone Number (56) 465-8833

SIGNATURE