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

WILL BE SUBJECT TO REVOC	ATION AND \$500 PENALI	Y FEE			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of <i>S</i> tate	FILED 98 DEC 11 PM	և։ 3Ո	
1. Name of Limited Partnership	1a. DOCUMENT # A9800000460		SECRETARY OF S	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
THE VERITY INVESTMENT MANAGEMENT GROUP, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Control Park /) -/19	
1220 JOURNEYS END LANE JACKSONVILLE FL 32223	1200 RIVERPLACE BOULEVARD. SUITE 810 JACKSONVILLE FL 32207		02/19/1998 3a. Date of Last Report	278,692.37	
	. Level		4. State or Country of Formation	5D. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 1200 RIVERPLACE BOULEVAR	<u></u>		FL	\$278,692.37	
Suite, Apt. #, etc. SUITE 810	Suite, Apt. #, etc.		6. FEI Number 59–3493496	Applied For Not Applicable	
City & State JACKSONVILLE, FLORIDA	City & State		7. Certificate of Status Desired		
Zip Country 32207 USA	Zip Country		8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required tate (See reverse side for fee Information)	
9 Name and Address of Current Ro	Vistered Agent		10. If changed, new Registered	Agent/Office	
TERRY, DONNA L 1200 RIVERPLACE BOULEVARD, SUITE 810 JACKSONVILLE FL 32207		Street Address (f Suite, Apt. #, etc City	treet Address (P.O. Box Number 104 Assertation 2 1 1 1 2 -		
10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, 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)	Address of Each General I		b. City, State & Zip Code	11c. Registration/ Document Number	
THE VERITY INVESTMENT MANAGEMENT GROUP, INC.	1200 RIVERPLACE BOULE VARD JAC		JACKSONVILLE FL 32207	P98000016356	
7				12-13	
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 flability 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 10-19-1998					
Typed or Printed Name of General Partner Signing Form DONNA L. TERRY, PRESIDENT Daytime Telephone Number 904-390-2772					

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