



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED <i>LR</i> 99 FEB 26 PM 3:59 <i>3/2</i> SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership BLUE CORAL-SLICK 50, LTD.		1a. DOCUMENT # B98000000230			
Mailing Address 1385 WEST 2200 SOUTH SALT LAKE CITY UT 84119		Principal Office Address 1385 WEST 2200 SOUTH SALT LAKE CITY UT 84119		3. Date Formed or Registered 04/14/1998	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation OH	
5a. Capital Contributions as Shown on record \$0.00		5b. Amount of Capital Contributions in FLORIDA to date - 0 -		6. FEI Number 31-1531519	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required		9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		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) BLUE CORAL, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1215 VALLEY BELT ROAD		11b. City, State & Zip Code CLEVELAND OH 44131	
11c. Registration/Document Number P96000018405		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 <i>Ronald A. Harvot, Jr.</i> DATE 2/18/99 Typed or Printed Name of General Partner Signing Form RONALD A. HARVOT, JR. Daytime Telephone Number (972) 868-0771			

CR2E003 (8/98)