FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



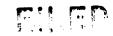
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #



96 DEC 16 PH 12: 32

SECTILITAT DE STATE TALLAHASSEE, FLORIDA



PRGALOGIC LTD.						
					JL 12	
Address 25 SEABREEZE AVENUE. SUITE 302	Principal Office Address 25 SEABREEZE AVENUE, SUITE 302 DELRAY BEACH FL 33483			3. Date Formed or Registered 08/10/1987	5a. Capital Contributions as Shown on record \$196,000.00	
DELRAY BEACH FL 33483				3a. Date of Last Report 11/28/1995	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation DE	\$144,252.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEL NO 6 1931	Applied For Not Applicab	
Dity & State	City & State	ity & State		7. Certificate of Status Desired	\$8.75 Addition Fee Required	
Zip Country	Country Zip Country			Rec Required 8. Make check payable to: Dept. of State (See reverse side for fee information		
				10		
9. Name and Address of Current Registered Agent PAULOVITS, IMRE			10. If changed, new Reg-stered Agent/Office Name			
25 SEABREEZE AVENUE, #302 DELRAY BEACH FL 33483			· .	x Number Is Not Acceptable)		
		Suite, Apt. #, et				
		City			FL Zip Code	
Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the obligation of the purpose of the obligation of the ob	e or registered agent, or both, in the State of tions of section 620 192 Florida Statutes	of Florida Such char	PART	norized by its general partner(s). I her DATE NERSHIP OR OTHE	eby accept the appointment of regi	
1. Name(s) of General Partner(s)	11a. (Do NOT Use Post Off		11b.	City, State & Zip Code	11c. Registration/	
ORGALOGIC MANAGEMENT INC	25 SEABREEZE AVE	., # 2	DELRAY BEACH FL		P41010	
•		1		200002 -12/19 *****	0337521 9/9601047011 576.25 ****576.25	
(
Note: General partners MAY N	OT be changed on this fo	orm; an am	endme	nt must be filed to ch	ange a general parti	

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. Paulovits, President

10/18/1996

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number _