## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

**EPSTEIN ENTERPRISES ASSOCIATES, LTD.** 



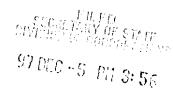
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A27896





|   |  |  |   | (8) 12/8   |  |
|---|--|--|---|--|--|
| Mailing Address  200 W. PALMETTO PARK RD. SUITE 306 BOCA RATON FL 33432   | Principal Office Address  200 W. PALMETTO PARK RD. SUITE 306 BOCA RATON FL 33432  28. Principal Office Address   |  | 3. Date Yormed or Registered 02/13/1989 38. Date of Last Report | 5a. Capital Contributions as Shown on record. \$100,000.00                   |  |
| 2. Malling Address  |  |  | 12/18/1996 4. State or Country of Formation                     | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:                |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |  |   |  |  |
| City & State  | City & State   | City & State   |   | Applied For Not Applicable   |  |
| Zip Country   | Zip  | Zip Country  |   | \$8.75 Additional Fee Required  State (See reverse side for fee information) |  |
| 4   |  |  |   |  |  |
| 9. Name and Address of Current Registered Agent  KRAMER, ROBERT M.  KRAMER & ZUCKERMAN, P.A.  4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  HOLLYWOOD FL 33021 |  | 10. If changed, new Registered Ageni/Office  Name  |   |  |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) ** 541, 25 ** ** 541, 25  Suite, Apt **, etc. |   |  |  |
|   |  | City FL Zip Code   |   |  |  |
| for the purpose of changing its registered of   | 1051 and 620.192, Florida Statutes, the above-na<br>office or registered agent, or both, in the State of<br>oligations of section 620.192, Florida Statutes. |  |   |  |  |
| SIGNATURE (Registered Agent Accepting Appointm  |  |  | DATE  | _  |  |
| A GENERAL PARTNER TI  | HAT IS A CORPORATION<br>MUST BE REGISTERED A   | , LIMITED PA<br>IND ACTIVE \   | RTNERSHIP OR OTHE<br>WITH THIS OFFICE.                          | R BUSINESS ENTITY  |  |
| 11. Name(s) of Goneral Partner(s)   | 11a. Address of Each Ger<br>(Do NOT Use Post Office  | neral Partner<br>e Box Numbers) 11   | b. Crty, State & Zip Code                                       | 11c. Registration/<br>Document Number  |  |
| EPSTEIN, MERRILL H M.D.   | 200 W. PALMETTO PK   | RD I   | BOCA RATON FL   |  |  |
| EPSTEIN, IRENE A C.P.A. 200 W. PALMETTO PARK  |  | rk I   | BOCA RATON FL   |  |  |
|   |  |  |   |  |  |
|   |  |  |   |  |  |
|   |  |  |   |  |  |
| 4   | :  |  |   |  |  |

empowered to execute this report as required by chapter 620, Florida Statutes

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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE: 10.3-92

SIGNATURE free a Epsti G.P.

Typed or Brinted Name of Goneral Partner Signing Form IRENE A EPSTEIN Daylino Telophone Number (561)368-810/