

**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

FILED

97 JAN -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RJH



1. Name of Limited Partnership	1a. DOCUMENT # A94000000064
SFT, LTD.	

Mailing Address 2808 SABER DRIVE CLEARWATER FL 34619	Principal Office Address 2808 SABER DRIVE CLEARWATER FL 34619	3. Date Formed or Registered 01/06/1994	5a. Capital Contributions as Shown on record. \$8,000.00
		3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$8,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3223147	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
SARCHET, WILLIAM 2808 SABER DRIVE CLEARWATER FL 34619	Name
	Street Address (P.O. Box Number is Not Acceptable) 2808 SABER DRIVE
	Suite, Apt. #, etc. 01/17/97-01001-013
	City FL
	Zip Code ***194.75 ***194.75

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SARCHET, WILLIAM	2808 SABER DRIVE	CLEARWATER FL 34619	

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 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 *William Sarchet* DATE 12.27.96
 Typed or Printed Name of General Partner Signing Form WILLIAM SARCHET Daytime Telephone Number 813.797.9554

CR2E003 (6/96)