

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:11

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000273

MSS PROVISION FUND, LTD.



Mailing Address
**5858 CENTRAL AVENUE, FIRST FLOOR
ST. PETERSBURG FL 33707**

Principal Office Address
**5858 CENTRAL AVENUE, FIRST FLOOR
ST. PETERSBURG FL 33707**

3. Date Formed or Registered
02/07/1996

5a. Capital Contributions as
Shown on record.
\$990.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address
ERINMARK, INC.

2a. Principal Office Address
ERINMARK, INC.

Suite, Apt. #, etc.
**90 SEMBLER INVESTMENTS
11300 - 4th Street North
Suite 200**

Suite, Apt. #, etc.
**90 SEMBLER INVESTMENTS
11300 - 4th Street North
Suite 200**

City & State
St. Petersburg, FL 33716

City & State
St. Petersburg, FL 33716

4. State or Country of Formation
FL

6. FEI Number

59-336 0917

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**ERINMARK, INC.
5858 CENTRAL AVENUE, FIRST FLOOR
ST. PETERSBURG FL 33707**

10. If changed, new Registered Agent/Office

Name
ERINMARK, INC.
Street Address
**90 SEMBLER INVESTMENTS
11300 - 4th Street North
Suite 200**
City
St. Petersburg, FL 33716

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)

ERINMARK, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

5858 CENTRAL AVENUE,

11b. City, State & Zip Code

ST. PETERSBURG FL 337

11c. Registration/
Document Number

H70103

**100002014671-7
-11/26/96-01117-011
****200.00 ****200.00**

cus/KWM

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

**M. Steven Semler
M. STEVEN**

DATE

11/13/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)