

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 22 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000273

MSS PROVISION FUND, LTD.

95-AR/Cas
CM



Mailing Address

Principal Office Address

ERINMARK, INC., C/O SEMBLER INVESTMENTS
11300-4TH STREET NORTH, STE. 200
ST. PETERSBURG FL 33716

ERINMARK, INC., C/O SEMBLER INVESTMENTS
11300-4TH STREET NORTH, STE. 200
ST. PETERSBURG FL 33716

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

02/07/1996

3a. Date of Last Report

11/15/1996

4. State or Country of Formation

FL

6. FEI Number

59-3360917

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

☒ \$8.75 Additional
Fee Required

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

5a. Capital Contributions as
Shown on record.

\$990.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

990.00

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

ERINMARK, INC.
C/O SEMBLER INVESTMENTS
11300 - 4TH STREET NORTH, STE. 200
ST. PETERSBURG FL 33716

Name

Master Control, Inc

Street Address (P.O. Box Number Is Not Acceptable)

11300 4th street North

Suite, Apt. #, etc.

Suite 200

City

St Petersburg

FL

Zip Code

33716

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

10-17-97

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

MASTER CONTROL, INC.

11300 FOURTH STREET N
Suite 200

ST. PETERSBURG FL 227

P97000017669

200002931662--1
-10/28/97--01064--005
****165.00 ****165.00

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

DATE

10/16/97

Typed or Printed Name of General Partner Signing Form

M. Steven Sembler

Daytime Telephone Number

813-577-5522

CRZED03 (6/97)