FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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1. Name of Limited Partnership	larne of Limited Partnership 1a. DOCUMEN I # A9600000850		\$150										
S & F FUTURES, LTD.			0012/2										
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.									
7777 GLADES ROAD. SUITE 310	7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434		05/02/1996	\$99.00									
BOCA RATON FL 33434			3a. Date of Last Report	·									
			11/14/1997	5b. Amount of Capital Contributions in FLORIDA									
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date: \$99.00									
Suite, Apt. #, etc.			FL	Ψ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ								
Stitle, Apr. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0666725	Applied For Not Applicable									
City & State	City & State		7. Certificate of Status Desired		ł								
Zip Country	Zip Country			\$8.75 Additional Fee Required									
			8. Make check payable to: Dept. of St	ate (See reverse side for fee information)	ł								
9. Name and Address of Current Re	gistered Agent		10. If changed, new Registered A	Agent/Office									
SCHMIER, ROBERT J 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.											
							City			FL Zip Code			
							10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent, 1 am familiar with, and accept the obligations of sections.	tered agent, or both, in the State of Florid	limited partnership o a. Such change was a	authorized by its general partner(s), I hereby	State of Florida, submits this statement accept the appointment of registered		
A GENERAL PARTNER THAT IS	A CODDODATION I	INTED DAI	DATEDATE_	DILEMEC ENTITY	ł								
MUST I	BE REGISTERED AND	O ACTIVE V	VITH THIS OFFICE.	K BUSINESS ENTIT									
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 11k	City, State & Zip Code	11c. Registration/ Document Number	j								
BEV-LIN, INC.	7777 GLADES ROAD, SUI	[BOCA RATON FL 33434	P96000038661	CR2E003 (8/98)								
			90000271 -12/03/9 ****150	024794 8-01103013 0.00 ****150.00	CROEC								

Nete: 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 filling 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 I am a General Partner of the limited partnership, receiver or trustee empowered to execute this eport as reoding by chapter 620, Florida Statutes.

Bey-Lin_fire services as reoding by chapter 620, Florida Statutes.

Bey-Lin_fire services as reoding by chapter 620, Florida Statutes. general partner

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Typed or Printed Name of General Partner Signing Form Robert J. Schmier. President DATE 11/16/98

Daytime Telephone Number 561-483-8400