

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

FILED

97 APR 28 AM 9: 01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. **DOCUMENT #
A96000000873**

FEARS SEMINOLE LIMITED PARTNERSHIP

*47-AR
CM*



Mailing Address
**2 GATEWAY DRIVE
COLLINSVILLE IL 62234**

Principal Office Address
**2 GATEWAY DRIVE
COLLINSVILLE IL 62234**

3. Date Formed or Registered

05/08/1996

5a. Capital Contributions as Shown on record.

\$99.00

3a. Date of Last Report

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

2. Mailing Address
1106 S. KIRKWOOD RD
Suite, Apt. #, etc.

2a. Principal Office Address
1106 S. KIRKWOOD ROAD
Suite, Apt. #, etc.

4. State or Country of Formation

FL

City & State
ST. LOUIS MO

City & State
ST. LOUIS MO

6. FEI Number

Applied For
 Not Applicable

Zip Country
63122 USA

Zip Country
63122 USA

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

**CAPOTE, BEATRIZ M ESQ.
BEATRIZ M. CAPOTE, P.A.
1101 BRICKELL AVENUE, 17TH FLOOR
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
300002167679--7
Suite, Apt. #, etc.
-05/08/97-01085-002
******156.25 ****156.25**
City Zip Code
FL

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)

TUMMINELLO, ANTHONY G

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

1106 S. KIRKWOOD ROAD

11b. City, State & Zip Code

KIRKWOOD MO 63122

11c. Registration/Document Number

Returned with my home phone - see 4/28

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 *Anthony G. Tumminello* DATE **2/6/97**

Typed or Printed Name of General Partner Signing Form **ANTHONY G. TUMMINELLO** Daytime Telephone Number **314-821-3399**

CR2E003 (11/96)