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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999

ESTEIN HOLDINGS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

32819

1a. DOCUMENT # A9600002484

Orlando

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 PM 3: 19

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

Applied For

Not Applicable

\$8.75 Additional Fee Required

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
500 S. AUSTRALIAN AVENUE. 10TH FLOOR WEST PALM BCH. FL 33402	500 S. AUSTRALIAN AVENUE. 10TH FLOOR WEST PALM BCH. FL 33402	12/27/1996 3a. Date of Last Report	\$2,134,418.00
		01/02/1998	5b. Amount of Capital Contributions in FLORIDA
		4. State or Country of Formation	to date:
2. Mailing Address	2a. Principal Office Address		
5211 International Drive	5211 International Driv	رو FL	]
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	DIA 11.1=

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
VEGOSEN, DEAN ESQ.	Name		
C/O LEWIS, VEGOSEN, ROSENBACH & SILBER, PA	Street Address (P.O. Box Number Is Not Acceptable)		
500 S. AUSTRALIAN AVENUE, 10TH FLOOR	Suite, Apt. #, etc.		
WEST PALM BEACH FL 33402	City FI Zip Code		

Country

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)

Country

DATE

59-3417353

7. Certificate of Status Desired

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
G. P. ESTEIN CORPORATION	5211 INTERNATIONAL DR	ORLANDO FL 32819	P94000056171		
		4000027 -12/10/ ****53	7091848 9801084005 9.00 ****535.00		
a					

ote: 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 cath. 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 _		
Typed or Printed Name of G	eneral Partner Signing Form	LOTHI

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יועבבתה (מופס)