

FILE FOR BEFILLER PER 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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 JAN -4 AM 8:50

1. Name of Limited Partnership <b>EquiMark, Limited</b>		1a. DOCUMENT # <b>A97000001212</b>	
Mailing Address <b>6765 Casa Grande Way Del Ray Beach, FL 33446</b>		Principal Office Address	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered <b>May 30, 1997</b>		5a. Capital Contributions as Shown on record. <b>\$1,000.00</b>	
3a. Date of Last Report <b>Dec. 22, 1997</b>		5b. Amount of Capital Contributions in FLORIDA to date: <b>\$1,000.00</b>	
4. State or Country of Formation <b>Florida</b>		6. FEI Number <b>65-0762390</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 <b>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</b>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>700002732207--5</b>	
		Suite, Apt. #, etc. <b>01705739--01067--005</b>	
		City <b>FL</b>	
		Zip Code <b>****141.25 ****141.25</b>	

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) *Carrie Bryson* DATE 1-4-99

**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) <b>K&amp;R Investments, Inc.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>201 S. 18th Street #709</b>	11b. City, State & Zip Code <b>Philadelphia, PA 19103</b>	11c. Registration/Document Number <b>F97000002893</b>
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**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 *Mitchell Krasson* DATE 1-29-99  
 Typed or Printed Name of General Partner Signing Form **K&R Investments, Inc.** Daytime Telephone Number **(561) 499-3347**  
 By: **Mitchell Krasson, Vice President**

CR2E003 (8/98)