

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -2 PM 2: 21



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000505

MAZOUREK ENTERPRISES, LTD.

Mailing Address

11465 COUNTY LINE ROAD
SPRING HILL FL 34609

Principal Office Address

11465 COUNTY LINE ROAD
SPRING HILL FL 34609

3. Date Formed or Registered

03/15/1996

5a. Capital Contributions as
Shown on record.

\$5,000,000.00

3a. Date of Last Report

10/01/1996

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

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-3368421

☐ Applied For
☐ Not Applicable

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

ORAVEC, JANICE M
14459 COUNTY LINE ROAD
BROOKSVILLE FL 34609

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

13205 Old Crystal River Road

City

Brooksville

FL

Zip Code

34601

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

MAZOUREK, JENNIE

11465 COUNTY LINE ROAD

SPRING HILL FL 34609

MAZOUREK, ALVIN R

509 COLONIAL DRIVE

BROOKSVILLE FL 34601

MAZOUREK, GEORGE C

11395 COUNTY LINE ROAD

SPRING HILL FL 34609

ORAVEC, JANICE M

~~14459 COUNTY LINE ROAD~~
13205 Old Crystal River Rd.

~~BROOKSVILLE FL 34609~~
34601

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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

Janice M. Oravec
JANICE M. ORAVEC

DATE

9-17-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

352-796-4342

CR2E003 (6/97)