

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 DEC 26 AM 11:56

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1. Name of Limited Partnership WHARTON INVESTMENT GROUP OF WACHULA, LTD.		1a. DOCUMENT # A97000001831	
2. Mailing Address 5082 COCONUT CREEK PKWY MARGATE, FL 33063 USA		2a. Principal Office Address 5082 COCONUT CREEK PKWY MARGATE, FL 33063 USA	
3. Date Formed or Registered 8/21/97		5a. Capital Contributions as Shown on record \$990.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA \$990.00	
4. State or Country of Formation FL		6. FEI Number 65-0791601	
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 PHILIP J. PROCACCI 5082 COCONUT CREEK PARKWAY MARGATE, FL 33063		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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

12/22/97

**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) PROCACCI WACHULA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5082 COCONUT CREEK PARKWAY	11b. City, State & Zip Code MARGATE, FL 33063	11c. Registration/Document Number P97000072100
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-01/09/98--01076--005
****165.00 ****165.00

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

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

PHILIP J. PROCACCI

Daytime Telephone Number

954-979-5082

CP2E003 (6/97)