

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 PM 3:11

1. Name of Limited Partnership

1a. DOCUMENT #
A29111

WHARTON INVESTMENT GROUP, LTD.

Mailing Address

Principal Office Address

~~355 NW 12TH AVE.~~
DEERFIELD BEACH FL 33442

~~255 NW 12TH AVE.~~
DEERFIELD BEACH FL 33442

3. Date Formed or Registered

11/15/1989

5a. Capital Contributions as
Shown on record.

\$7,500.00

3a. Date of Last Report

12/09/1996

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

\$7,500.00

4. State or Country of Formation

FL

6. FEI Number

65-0162902

☐ 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)

2. Mailing Address

5082 COCONUT CREEK PKWY
Suite, Apt. #, etc.

2a. Principal Office Address

5082 COCONUT CREEK PKWY
Suite, Apt. #, etc.

City & State

MARGATE FL

Zip 33063 Country USA

City & State

MARGATE FL

Zip 33063 Country USA

9. Name and Address of Current Registered Agent

PROCACCI, PHILIP J.

~~355 NW 12TH AVE.~~
~~DEERFIELD BEACH FL 33442~~

10. If changed, new Registered Agent/Office

Name

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

5082 COCONUT CREEK PARKWAY

Suite, Apt. #, etc.

City

MARGATE

FL

Zip

33063

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 COMMERCIAL REALTY,

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

~~355 NW 12TH AVE.~~
5082 COCONUT CREEK
PARKWAY

11b. City, State & Zip Code

~~DEERFIELD BEACH FL 33~~
MARGATE, FL 33063

11c. Registration/
Document Number

K16732

800002394438--4
-01/08/98--01096--016
****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

CR25003 (6/97)