

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

96 NOV 13 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership ORLANDO ENTERPRISES, LTD.	1a. DOCUMENT # A00979 <i>99-AR</i> <i>CM</i>
--	--



Mailing Address 21 SW 63RD AVE PLANTATION FL 33317	Principal Office Address 21 SW 63RD AVE PLANTATION FL 33317	3. Date Formed or Registered 04/30/1968	5a. Capital Contributions as Shown on record. \$500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/13/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$500.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-1266565
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent HENNES, PAUL 21 S.W. 63RD AVE. PLANTATION FL 33317
--

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State: FL Zip Code

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) HENNES, PAUL L.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 21 S.W. 63RD AVENUE	11b. City, State & Zip Code PLANTATION FL 33317	11c. Registration/Document Number 500002013705--0 -11/26/95--01032--021 ****191.25 *****52.50 191.25
---	---	---	--

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 *Paul L. Hennes* DATE *Nov 8, 1996*
 Typed or Printed Name of General Partner Signing Form **PAUL L. HENNES** Daytime Telephone Number **954-584-6290**

CR2E003 (6/96)