## 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

1. Name of Limited Partnership

**DOCUMENT #** A00979

DIVISION OF CORPORATIONS 97 DEC 16 PM 3: 58



DRLANDO ENTERPRISES, L	TD.			11111111111111111111111111111111111111	1818   1819   1819   1819   1819   1819   1819   1819   1819   1819   1819   1819   1819   1819   1819   1819 				
Mailing Address	Principal Office Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Date Formed or Registered	5a. Capital Contributions as Shown on record				
21 SW 63RD AVE PLANTATION FL 33317	21 SW 63RD AVE PLANTATION FL 33317			04/30/1968 3a. Date of Last Roport	\$500.00				
				11/13/1996	5b. Amount of Capital Contributions in Ft ORIDA to date:				
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FET Number	Applied For				
City & State	City & State			59-1266565	Not Applicable				
<b>Z</b> ip Country	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required					
				8. Make check payable to: Dopt. of State (See reverse side for fee information)					
9. Name and Address of Current Registered Agent HENNES, PAUL 21 S.W. 63RD AVE. PLANTATION FL 33317		10. If changed, now Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc.							
						City	City FL Zip Code		
						10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of F	med irmited partn lorida. Such chai	orship orga nge was aut
		SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA  MU		LIMITED	PART /E WIT	NERSHIP OR OTHE	R BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each Gend (Do NOT Use Post Office		11b.	City, State & Zip Code	11c. Registration/				
HENNES, PAUL L.	21 S.W. 63RD AVENUE	21 S.W. 63RD AVENUE		NTATION FL 33317					
				OOOO23 -12/26/ ****15	3131313105 9701112013 6.25 ****156.25				
Note: General partners MAY NO	OT he changed on this for								

I do hereby certify that the information supplied with this filling 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 eath. 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 630. Florida statutes.

SIGNATURE Sauch L. Specices

Typed or Printed Name of Gonoral Partner Signing Form PAUL L. HE NNES

DATE 12-4-97

Daytime Telephone Number 954-584-62-90