

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 10 PM 1:26

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1. Name of Limited Partnership MAJESTIC TOWERS, LTD.	1a. DOCUMENT # A01745
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Mailing Address 1255 PASADENA AVE S ST PETERSBURG FL 33707		Principal Office Address 1255 PASADENA AVE S ST PETERSBURG FL 33707		3. Date Formed or Registered 12/31/1971	5a. Capital Contributions as Shown on record. \$500,000.00
				3a. Date of Last Report 01/03/1996	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation NY	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-1397096	
City & State	City & State			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 WILSON, VIOLET 6100 GULF PORT BLVD., SOUTH ST. PETERSBURG FL 33707		10. If changed, new Registered Agent/Office Name WILSON, VIOLET Street Address (P.O. Box Number Is Not Acceptable) 1255 PASADENA AVENUE SOUTH Suite, Apt. #, etc. APT. 201 City ST. PETERSBURG FL Zip Code 33707	
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
GIBBONS, JAMES E.	99 7TH ST., APT. #1-C	GARDEN CITY NY	
SPINA, RALPH C.	162 80TH STREET	BROOKLYN NY	
MANGOT, NEIL	15 STONEWELL ROAD	ROCKVILLE CENTRE NY	
<p>100002063141--1 -01/21/97--01020--020 ****585.00 ****585.00</p>			

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

Neil Mangot

DATE

12/19/96

Typed or Printed Name of General Partner Signing Form

NEIL MANGOT

Daytime Telephone Number

813-381-1482

CR2E003 (6/96)