

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 -6 PM 1:59

mtu
1/14



1. Name of Limited Partnership

1a. DOCUMENT #
A04258

DON CARTER LANES OF FLORIDA, LIMITED

Mailing Address
**8501 N. UNIVERSITY DRIVE
TAMARAC FL 33313**

Principal Office Address
**8501 N. UNIVERSITY DRIVE
TAMARAC FL 33313**

3. Date Formed or Registered
03/27/1975

5a. Capital Contributions as
Shown on record.
\$560,000.00

3a. Date of Last Report
12/29/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$ 560,000.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
OH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-1579106

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**STRICKROOT, JOHN C.
FIFTH FLOOR, CITY NATIONAL BANK BUILDING
25 WEST FLAGLER STREET
MIAMI FL 33130**

Name

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

Suite, Apt. #, etc.

City

**200002058972--5
-01/15/97--01033--024
****576.25 ****576.25
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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

POWELL, JOHN JR.

6639 EMBASSY COURT

MAUMEE OH

ROSE, BURTON

5580 MONROE ST.

SYLVANIA OH

ISAN, JERRY

2420 NE 27TH ST

LIGHTHOUSE POINT FL

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

Jerry Isan

DATE

12/30/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)