

**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

97 DEC 29 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A04258**

**DON CARTER LANES OF FLORIDA, LIMITED**

*Q4-AR CM*



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

3a. Date of Last Report

01/06/1997

4. State or Country of Formation

OH

5a. Capital Contributions as  
Shown on record

\$560,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

560,000.00

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-1579106

☐ 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)

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**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)

POWELL, JOHN JR.

ROSE, BURTON

ISAN, JERRY

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

6639 EMBASSY COURT

5580 MONROE ST.

2420 NE 27TH ST

11b. City, State & Zip Code

MAUMEE OH

SYLVANIA OH

LIGHTHOUSE POINT FL

11c. Registration/  
Document Number

500002398625--5  
-01/13/98--01079--020  
\*\*\*\*541.25 \*\*\*\*541.25

**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 *Jerry Isan / m*

DATE

*12/22/97*

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)