


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 DON CARTER'S KENDALL LANES LIMITED		1a. DOCUMENT # A05045			
Mailing Address 13600 N. KENDALL DR. MIAMI FL 33186		Principal Office Address 13600 N. KENDALL DR. MIAMI FL 33186		3. Date Formed or Registered 06/25/1976	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1997	
				4. State or Country of Formation OH	
				5a. Capital Contributions as Shown on record \$930,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: 930,000.00	
				6. FEI Number 59-1685038	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 DEC 29 AM 9:41



9. Name and Address of Current Registered Agent STRICKROOT, JOHN C. 25 W. FLAGLER ST. 5TH FLOOR, CITY NATIONAL BANK BLDG. 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 N.E. 27TH STREET	11b. City, State & Zip Code MAUMEE OH SYLVANIA OH LIGHTHOUSE POINT FL	11c. Registration/Document Number 700002400147--4 -01/14/98--01091--006 ****541.25 ****541.25 KVM

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 12/22/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2003 (6/97)