

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 MAR -3 PM 1:39



1. Name of Limited Partnership CORKSCREW PROPERTIES, LTD.	1a. DOCUMENT # A05234
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Mailing Address 1515 BROADWAY P.O. BOX 2366 FORT MYERS FL 33902	Principal Office Address 1515 BROADWAY P.O. BOX 2366 FORT MYERS FL 33902	3. Date Formed or Registered 09/27/1976	5a. Capital Contributions as Shown on record. \$392,000.00
		3a. Date of Last Report 12/12/1995	
2. Mailing Address 8211 COLLEGE PARKWAY Suite, Apt. #, etc.	2a. Principal Office Address 8211 College Parkway Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Fort Myers, FL	City & State Fort Myers, FL	6. FEI Number 59-1716277	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33919	Country USA	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)	

9. Name and Address of Current Registered Agent GOLDBERG, MORTON A 1515 BROADWAY FT. MYERS FL 33901	10. If changed, new Registered Agent/Office Name Maurice J. Hillmyer Street Address (P.O. Box Number is Not Acceptable) c/o 8211 College Parkway Suite, Apt. #, etc. City Fort Myers FL Zip Code 33919
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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) *X Maurice J. Hillmyer* **400002106644--0**
-03/07/97--01001--003
*****\$541.25 ***\$541.25**

**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
GOLDBERG, MORTON A	1515 BROADWAY	FORT MYERS FL	
DAVIS, HOWELL F	13141-8 MCGREGOR BLVD	FORT MYERS FL	
POPHAM, HARRY H	7310 POPHAM DRIVE	FORT MYERS FL	
HILLMYER, MAURICE J	5586 SOLERA COURT	FORT MYERS FL	
BRANCH, WILLIAM O	3980 FOWLER STREET	FORT MYERS FL	
CARROLL, F B	#1 PUTTER POINT LANE	FORT MYERS FL <i>New Fees</i>	KWM

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 *Maurice J. Hillmyer* DATE **2-10-97**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (11/96)