

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 26 PM 1:58

1. Name of Limited Partnership

1a. DOCUMENT #
A05234

CORKSCREW PROPERTIES, LTD.



Mailing Address

8211 COLLEGE PARKWAY
FORT MYERS FL 33919

Principal Office Address

8211 COLLEGE PARKWAY
FORT MYERS FL 33919

3. Date Formed or Registered

09/27/1976

**5a. Capital Contributions as
Shown on record:**

\$392,000.00

3a. Date of Last Report

03/03/1997

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-1716277

☐ 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

HILLMYER, MAURICE J
C/O 8211 COLLEGE PARKWAY
FT. MYERS FL 33919

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

400002475784
-04/01/98-01088-004
*****526.25 Zip Code
FL

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**

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

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
Maurice J Hillmyer

DATE

2-17-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941 482 5522

CR2E003 (12/97)