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

96 F5C 27 AH 8: 19

1. Name of Limited Partnership 1a. DOCUMENT # A07087							
REGIONAL ENTERPRIS	SES, LTD.					#8 8 #	
Mailing Address Principal Office Address			3.	Date Formed or Registered	58. Capital Contributions as Shown on record. \$46,395.00 5b. Amount of Capital Contributions in FLORIDA]_
P.O. BOX 908			12/26/1978	=			
DESTIN FL 32540-0908 DESTIN FL 32541			1. Date of Last Report 01/29/1996	-			
2 11-25 Address	29 Principal Office Address	2a. Principal Office Address		4. State or Country of Formation		to date:	
2. Mailing Address 2a. Principal Office Address				FL	\$46,395.00		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			6.	FEI Number 58-1353299	Applied For Not Applicable		
City & State	City & State	City & State		Certificate of Status Desired	\$8.75 Additional Fee Required		7
Zip Country Zip Country			Make check payable to Dept. of State (See reverse side for fee information))
				10. If changed, new Registere	ad Acent/Office		7
			arne Fr 463.69				
MORRIS, PAULINE 1230 AIRPORT RD.	Street Address (P.O. Box Number Is Not Acceptable) QP 4 23					┥_	
DESTIN FL 32541		Suite, Apt. #, etc.				┤¯	
· ·		City Zip Code				Code	1
for the purpose of changing its reg	ons 620.1051 and 620.192, Florida Statutes, the above-name pistered office or registered agent, or both, in the State of Flor upt the obligations of section 620.192, Florida Statutes.	ed limited partnered Such char	ership organized nge was authoriz	d or registered under the laws of ted by its general partner(s). I he	he State of Florida, t reby accept the app	submits this statement ointment of registered	
SIGNATURE (Registered Agent Accepting A				DATE			4
A GENERAL PARTNE	ER THAT IS A CORPORATION, L MUST BE REGISTERED AN	_IMITED D ACTI\	PARTNI E WITH	ERSHIP OR OTH! THIS OFFICE.	ER BUSINE	SS ENTITY	
11. Name(s) of General Partner(s)		Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. _D	Registration/ ocument Number]
CARTER, JOSEPH J JR. 6524 RAMOTH D		VE J		SONVILLE FL	-		32E003 (6/96)
•				800002 -12/3 ****	2 0410 0/36010 467.75 *	686 39011 ***467.75	
Notes Consest northers	MAY NOT be changed on this form	n: an am		must be filed to ob	ange e gen	eral nartner	\dashv
12 I do hereby cartify that the information	on supplied with this filing is voluntarily furnished and does no	ot qualify for the	e exemption stat	ed in Section 119.07(3)(k), Florid	a Statutes release	the Division of	\dashv
Corporations from any liability of non this annual report is true and accurat	n-compliance with Section 119.07(3)(k) in the event that the in	nformation supp	ofied is deemed	exempt from public access. I furl	ther certify that the in	ntormation indicated on	е

CARTER JR.