## 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

1. Name of Limited Partnership

1a. DOCUMENT # A08421 SECRETARY OF STATE DIVISION OF CORPORATIONS

LR 12/31

96 DEC 23 AM 10: 09



OUTHERN NATIONAL PARTNERS, LTD.							
dailing Address P.O. BOX 5403 FT.LAUDERDALE FL 33310	Principal Office Address P.O. BOX 5403 FT.LAUDERDALE FL 33310		3. Date Formed or Registered 12/31/1979 3a. Date of Last Report 12/18/1995		5a. Capital Contributions as Shown on record \$369,000.00  5b. Amount of Capital Contributions in FLORIDA to date:		
•							
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation		to date.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6.	El Number <b>59-1972827</b>	Applied For Not Applicable		
City & State	City & State			Certificate of Status Desired	\$8.75 Additional		
Z <sub>1</sub> p Country	Zip	Country	Make check payable to Dopt, of State (See reverse side for fee info		Fee Required erse side for fee informatio		
9, Name and Address of (	Current Registered Agent	<u> </u>	1	O. If changed, new Register	ed Agent/Office		
LEVAN, ALAN B. 1750 E SUNRISE BLVD PO BOX 5403 FT.LAUDERDALE FL 33310		Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, efc.					
for the purpose of changing its registered o agent. I am familiar with and accept the ob SIGNATURE (Registered Agent Accepting Appointm		lorida Such chang	e was authorize	d by its general partner(s). I he	reby accept the	appointment of reg⊦stere	
A GENERAL PARTNER TH	HAT IS A CORPORATION, NUST BE REGISTERED AI	LIMITED I ND ACTIVI	PARTNE E WITH	RSHIP OR OTHE THIS OFFICE.	ER BUSI	NESS ENTITY	
11. Name(s) of General Pannor(s)	11a. (Do NOT Use Post Office			City, State & Zip Code	11c.	Registration/ Document Number	
		I .		DERDALE FL 333や4	- 1		

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

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

empowered to execute this report as required by chapter 620. Florida Statutes.

GLENR. GILBERT
Senior Vice President

DATE 12/12/9

Daytime Telephone Number \_

0005417