## 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

**DOCUMENT#** A08421

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -5 PN 2: 45



| SOUTHERN NATIONAL PARTNERS, LTD.   |   |  |   | 1 1881 911 1811 88181 1811 91918 11881 1181 81811 91811 91811 91811 91811 91811 91811 91811 91811 91811 91811                                     |  |  |
|--|---|--|---|---|--|--|
| Malling Address  |   | Principal Office Address   |   | 3. Date Formed or Registered  | 58. Capital Contributions as Shown on record.                                  |  |
| P.O. BOX 5403  |   | P.O. 8OX 5403  |   | 12/31/1979  |  |  |
| FT.LAUDERDALE FL 33310   |   | FT.LAUDERDALE FL 33310   |   | 3a. Date of Last Report   | \$369,000.00   |  |
|  |   |  |   | 12/23/1996  | 5b. Amount of Cepital  |  |
|  |   |  |   | 4. State or Country of Formation  | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:                  |  |
| 2. Mailing Address   |   | 2a. Principal Office Address   | 2a. Principal Office Address                |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   | FL<br>6. FEI Number   |  |  |
|  |   |  |   | 59-1972827  | Applied For  |  |
| City & State   |   | City & State   | City & State                                |   | Not Applicable   |  |
| Zip Country  |   | Zip Country  |   | 7. Certificate of Status Desired  | te of Stalus Desired \$8.75 Additional Foo Required                            |  |
| <b>-</b>   | COUNTY  | Country  |   | 8. Make check payable to: Dept.   | 8. Make check payable to: Dept. of State (See reverse side for fee information |  |
|  |   |  |   |   |  |  |
| 9. Name and Address of Current Registered Agent                                  |   |  | 10. If changed, now Registered Agent/Office |   |  |  |
| LEVAN, ALAN B.   |   |  | Namo  |   |  |  |
| 1750 E SUNRISE BLV   | m   |  | Street Address (P.                          |   | ss (P.O. Box Number Is Not Acceptable)   |  |
| PO BOX 5403  | ru  |  | Suite, Apt. #, etc.                         |   | etc.   |  |
|  | 22240   |  | A)  |   |  |  |
| FT.LAUDERDALE FL 33310   |   |  | City  | FL Zp Code  |  |  |
| for the purpose of cha<br>agent. I am familiar wi<br>SIGNATURE (Registered Agent | inging its registered office th, and accept the obligation of the control of the | or registered agent, or both, in the State or ons of section 620,192, Florida Statutes.  T IS A CORPORATION  | Florida Such cha                            | nership organized or registered under the laws of nge was authorized by its general partner(s). I he DAT  PARTNERSHIP OR OTHIVE WITH THIS OFFICE. | proby accept the appointment of registered                                     |  |
| 11. Name(s) of General   |   | 11a. (Do NOT Uso Post Offic  |   | 11b. City, State & Zip Code   | 11c. Registration/<br>Document Number  |  |
| SOUTHERN NATL GEN CORP   |   | 1750 E SUNRISE BLVI  | )   | FT.LAUDERDALE FL 33304  | 651483   |  |
|  |   |  |   | 300002<br>-12/1<br>****   | 2371103 6<br>2/9701098001<br>541.25 ****541.25                                 |  |
| pusit.   |   |  |   |   | KWM  |  |
| Note: General pa   | rtners MAY NO   | T be changed on this fo  | rm; an am                                   | endment must be filed to cl   | ange a general partner.  |  |
| 49 Nie harabij aastifii that th  | a lalamation aunatical ai   | والمراجع المراجع والمراجع والم |   |   |  |  |

SIGNATURE

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

GLEN R. GILBERT Executive Vice President

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 logal offects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Numbe 954)760 -5200