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 # **A13807**

CRT DEVELOPMENT, LTD.



FILED 96 OCT -2 PM 3: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	181 - 118 1 - 1191 1 1881

5a. Capital Contributions as

% CAMBRIDGE TOOL & MFG. FAULKNER ST. N. BILLERICA MA 01862	% CAMBRIDGE TOOL & MFG. FAULKNER ST.		01/10/1983 3a. Date of Last Report 10/05/1995		\$150,000.00 \$150,000.00 5b. An ount of Capital Contributions in FLORIDA	
	N. BILLERICA MA 01862					
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date	10,000.60	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 04-2703861		Applied For Not Applicable	
City & State Cip Country	City & State		7. Cert ficate of Status Desired		\$8.75 Add tional Fee Required	
			8. Make check payable to Dept of		of State (See reverse side for fee informa	
9. Name and Address of C	urrent Registered Agent		10. If changed new Registe	ered Agent/Office		
RICCI, WILLIAM J.		me				
% BAKER HILL INDUSTRIES	Str	Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt #, etc				
3850 N.W. 118TH AVENUE	Su	ite, Apt. #, etc.				
CORAL SPRINGS FL 10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered of	Cit 251 and 620 192, Florida Statutes, the above-named limit fice or registered agent, or both, in the State of Florida S	y ed partnership organia				
CORAL SPRINGS FL 10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered of agent. I am lamiliar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointment)	Cit ond 620-192, Florida Statutes, the above-named limit ince or registered agent, or both, in the State of Florida Statutes of section 620-192, Florida Statutes	y ed partnership organiz uch change was autho	orized by its general partner(s). Th DAT	if the State of Flori icreby accept the	da, submits this statem appointment of register	
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12. I do hereby certify that the information supplied with this filling 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 decrived exempt from pubble access. I further certify that the information indicated on this annual report is true and accurate and that rify signature shall have the same legal effects as if made under odth. I further certify that I am a General Partner of the imited 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 Statuto.

DIETER MORLOCK

KIWZ

DATE

9-26-96

Daytime Telephone Number 508 - 66 > - 8400