

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 1:07

1. Name of Limited Partnership

1a. DOCUMENT #
A15389

NRS ASSOCIATES, LTD.



Mailing Address

1000 VENTURE BLVD.
WOOSTER OH 44691

Principal Office Address

1000 VENTURE BLVD.
WOOSTER OH 44691

3. Date Formed or Registered

09/28/1983

5a. Capital Contributions as
Shown on record

\$40.00

3a. Date of Last Report

01/02/1997

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

4. State or Country of Formation

TN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

34-1306832

☐ 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

SEAMAN, RICHARD N.
6944 MIDNIGHT PASS RD.
SUITE 205
SARASOTA FL 34242

10. If changed, new Registered Agent/Office

Name

Same

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

DAK PARK, 1748 Independence Blvd

Suite, Apt. #, etc.

Suite C-4

City

SARASOTA

FL

Zip Code

34234

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)

Richard N. Seaman

DATE

11-10-97

**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)

SEAMAN, RICHARD N.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1000 VENTURE BLVD.

11b. City, State & Zip Code

WOOSTER OH

11c. Registration/
Document Number

000002360000-5
-12/02/97-0001-008
****156.25 ****156.25

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

Richard N. Seaman

DATE

11-10-97

Typed or Printed Name of General Partner Signing Form

Richard N. Seaman

Daytime Telephone Number

(330)262-1111

CR2E003 (6/97)