


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		1a. DOCUMENT # A16553		
K. W. FLORIDA ASSOCIATES LTD.				
Mailing Address 2956 DELAWARE AVE BUFFALO NY 14217		Principal Office Address 2956 DELAWARE AVE BUFFALO NY 14217		3. Date Formed or Registered 03/05/1984
				3a. Date of Last Report 12/30/1996
				4. State or Country of Formation NY
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record. \$580,500.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date: \$80,500
City & State		City & State		6. FEI Number 16-1209288 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)				

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 12 PM 1:56



9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
KATZ, EMANUEL B. 800 NE 195TH STREET APT. 207 N. MIAMI BCH. FL 33179-3415	Name	
	Street Address (P.O. Box Number for M.A. or C.O.) 800 NE 195TH STREET -03/17/97--01097--006	
	Suite, Apt. #, etc. ****541.25 ****541.25	
	City	FL Zip Code

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) _____ DATE _____

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KATZ, EMANUEL B. WISBAUM, WAYNE D.	800 NE 195TH ST. #207 180 GREENAWAY RD.	N MIAMI BCH FL EGGERTSVILLE NY	

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 *Emanuel B. Katz* DATE *9/9/97*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)