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

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

1997		DIVISION OF CORPORATION	is Diviolati	AM Q:	31	
1. Name of Limited Partnership	^{1a} A1	1669 PUMENT #		96 NOV - 1 AM 9:31		
SAN JOSE CENTRAL, L	LTD.				7011 (1811 61811 61811 61811 781	
	• !					
MINUS MAYERFLACE BLVD., SUITE 105 JACKSONVILLE FL 32207		ERPLACE BLVD., SUITE 105 NILLE FL 32207	3. Date Former & Begistered	58. Capital Contributions as Shown on record \$30,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
	• •		3a.14/45/1995-on			
2. Malling Address	28. Princ	ipal Office Address	4. State or Country of Formation			
		·	0 FA 0E 19FFA	_[
Suite, Apt. #, etc. City & State	Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	6. 987294733U	6. \$9-2517550 Applied For Not Applicable		
			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8, Make check payable to: Dept. of	of State (See re		
S None and Add	and of Comment Benjatored According		10. If changed, new Registers	ad AssatiOffice		
GOLDSTEIN, BARRY J.	ess of Current Registered Agei	Name	10. II Changed, New Hagister	ad Agent/Onice		
1300 RIVERPLACE BLVD., SUIT	TE 105		ess (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32207		Suite, Apt.	t. etc.	-		
		City			Zip Code	
·				<u>FL</u>		
agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting Ap	ppointment) R THAT IS A COF	92, Florida Statutes. RPORATION, LIMITED SISTERED AND ACTIVE	DATE PARTNERSHIP OR OTHE /E WITH THIS OFFICE.	<u> </u>	NESS ENTITY	
11. Name(s) of General Partner(s)		Address of Each General Partner Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
WEISS, SYLVIA	1601	OCEAN DR., #905	JACKSONVILLE BCH FL	ŀ		
GOLDSTEIN, BARRY J.	6905	MADRID AVE.	JACKSONVILLE FL			
KORNBLUM, EUGENE H.	2419	SARAGOSSA AVE.	JACKSONVILLE FL)		
4 3].		
1 N P	:			8/\$60	138E 1028008 ******/42.75:	
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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), Floride 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.

Typed or Printed Name of General Partner Signing Form _

Davtime Telephone

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