

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 DEC 30 PM 3:14



1. Name of Limited Partnership

1a. DOCUMENT #
A17324

POMPANO PARK ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

C/O CASTLETON, INC.
2469 IRON WORKS PIKE
LEXINGTON KY 40511

Principal Office Address

C/O CASTLETON, INC.
2469 IRON WORKS PIKE
LEXINGTON KY 40511

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

06/26/1984

3a. Date of Last Report

09/23/1996

4. State or Country of Formation

FL

6. FEI Number

62-1205849

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

☒ \$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

THOBURN, THEODORE G
COMERICA BANK & TRUST, FSB
2401 PGA BLVD., STE. 198
PALM BEACH GARDENS FL 33410

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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)

POMPANO PARK ASSOCIATES, INC

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

C/O CASTLETO, INC., 2

11b. City, State & Zip Code

LEXINGTON KY 40511

11c. Registration/Document Number

P02437

000002399830--5
-01/14/98--01063--010
****550.00 ****550.00

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

Pompano Park Associates Inc eff by V.P. Finence DATE *12/26/97*

Typed or Printed Name of General Partner Signing Form

M.J. LANG V.P. Finence

Daytime Telephone Number

606-231-8768

CR25003 (6/97)