

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
90 JAN 11 AM 8:10

1. Name of Limited Partnership

1a. DOCUMENT #  
A17811

SQUARE ASSOCIATES, LIMITED

Mailing Address

Principal Office Address

% CORPORATE PROPERTY RESOURCES  
1345 MAIN STREET  
SARASOTA FL 34236

% CORPORATE PROPERTY RESOURCES  
1345 MAIN STREET  
SARASOTA FL 34236

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

09/10/1984

3a. Date of Last Report

01/05/1998

4. State or Country of Formation

FL

6. FEI Number

59-2437275

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$280,000.00

5b. Amount of Capital  
Contributions in FL OR (PA  
to date

\$280,000.00

☐ 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

DORE, STEVE  
C/O CORPORATE PROPERTY RESOURCES  
1345 MAIN STREET  
SARASOTA FL 34236

Name

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

Suite, Apt #, etc.

City

FL

Zip Code

10. If changed, new Registered Agent/Office

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

KAROL, HERBERT J.

222 BEACH ROAD

SARASOTA FL 34242

ABEL, HARVEY J.

222 BEACH ROAD

SARASOTA FL

40010012768344-5  
02/09/98 01043 020  
\*\*\*\*526.25 \*\*\*\*526.25

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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Herbert Karol, general partner

DATE

Daytime Telephone Number

12/31/98  
941/366-6640

092E003 (9/98)