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

DOCUMENT # A18162

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -5 PH 12: 19



163 BURMONT ROAD DREXEL HILL PA 19026 101/03/1997 4. State or Country of Formation FL 100,000.00 2. Mailing Address 28. Principal Office Address FL 100,000.00 38. Date of Lest Report O1/03/1997 4. State or Country of Formation FL 100,000.00 39. Fill Number 23-2230055 7. Certificate of Status Desired Fee Requir Fee Requir Fee Requir Fee Requir Fee RoyAL PALM BEACH FL 33411 108. Pursuant to the provisions of sections 820 1051 and 820 192. Florida Statutes. The above-hamed initied pertnership organized or registered under the lews of the State of Forida, submits this is 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 Accepting Appointment of responding the registered Agent (File Statutes). 108. Pursuant to the provisions of sections 820 1051 and 820 192. Florida Statutes, the above-hamed initied pertnership organized or registered under the lews of the State of Florida, submits this is 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 responding the provisions of section 620 192, Florida Statutes. 109. Pursuant to the provisions of sections 820 1051 and 820 192. Florida Statutes. The above-hamed initied pertnership organized or registered under the lews of the State of Florida, submits this is 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 responding the provision of section 620 192, Florida Statutes. 109. Address of Each General Partner 110. If changed, new Registered Agent Agen	SURGE LTD.				
2. Mailing Address 28. Principal Office Address FL 100,000. Sulfe, Apt. #, etc. Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. City & State Country Zip Zip Zip Code City FL Z	163 BURMONT ROAD	163 BURMONT ROAD		10/29/1984	5a. Capital Contributions as Shown on record \$100,000.00
Suite, Apt. #, etc. City & State To Country September of	2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	
City & State City & State City & State City & State To Country To Countr	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee if 9. Name and Address of Current Registered Agent 10. If changed, new Registered AgentOffice SANTAMARIA, JESS R. 155 GALIANO STREET ROYAL PALM BEACH FL 33411 10. Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. 4, etc. City FL Zip Codo The Control of Control of Sections 820 1051 and 820 192, Florida Statutes, the abovernanced limited partnership organized or registered under the laws of the State of Florida, Subtricts 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 pertner(s). I hereby accept the appointment of registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) Not its production for the purpose of Each General Partner (c) NOT the Post Office Box Numbers) DREXEL HILL PA Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general part 12, 150 Typeby certify by the the information supplied with this ling is vojuntarity furnished and does not quality for the exemption stated in Section 119 07(30), Florida Statutes. Trelease the Does on	City & State	City & State	. <u> </u>		Not Applicable
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SANTAMARIA, JESS R. 155 GALIANO STREET ROYAL PALM BEACH FL 33411 Suite. Apt. #. etc. City FL 2ip Code The provisions of sections 820 1051 and 620 192. Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, submits this a for the purpose of changing lis 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 reagent. I am familiar with, and accept the obligations of section 670.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Pertner(s) 11a. Address of Each General Partnership organized by its general partner(s). I hereby accept the appointment of reagent and accepting Appointment of reagent and accepting Appointment of reagent and accepting Appointment of the purpose of the following and accept the obligations of section 670.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Pertner(s) 11a. Address of Each General Partnership organized by the Statutes and the Policy and Committee of Control of Statutes and Co	9. Name and Address of Cu	urrent Registered Agent		10. If changed, new Registere	d Agent/Office
City FL Zip Code 10a. Pursuant to the provisions of sections 820 1051 and 820 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Fiorida, submits this is 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). Hereby accept the appointment of respect to 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). Hereby accept the appointment of respect to the specific partner of the state of Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Oo NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Decument Numbers of Company in the State of Florida, submits this accordance of the State of Florida, submits this accordance of Florida Statutes. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general part 12, 1do Nereby certify that the information supplied with this filing is vojuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida Statutes I release the Division of State of Florida State of Florida Statutes I release the Division of State of Florida State of Florida Statutes I release the Division of State of Florida State of Florida State of Florida	155 GALIANO STREET		Street Address (P.O.	Box Number Is Not Acceptable)	
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	Note: General partners MAY N	IOT be changed on this form	m; an amendm	ent must be filed to cha	ange a general partner.
this annual report is true and accurate and from 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 empotered to execute this report per required by chapter 620, provide Statutes. SIGNATURE DATE DATE Typed or Printed Name of General Partner Signing Form DATE Daytime Telephone Number	Corpditations from any limbility of non-complianc this armual report is true and accurate and fright amportant required by SIGNATURE	the with Soction 119 (07(3)(k) in the event that the imp signature shall have the same legal effects as by chapter 620, florida Statules.	information supplied is dec	emed exempt from public access. I furth her certify that I am a General Partner o	ner certify that the information indicated on