

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT 31 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership BROCKWAY, LTD.		1a. DOCUMENT # A18721 <i>98-AR CM</i>	
2. Mailing Address 300 ALMERIA AVE. CORAL GABLES FL 33134		2a. Principal Office Address 300 ALMERIA AVE. CORAL GABLES FL 33134	
3. Date Formed or Registered 12/28/1984		5a. Capital Contributions as Shown on record \$247,500.00	
3a. Date of Last Report 11/18/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2558916 ☐ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$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 BROCKWAY, ROBERT 300 ALMERIA AVE. CORAL GABLES FL 33134		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) 900002337709-7 -11/04/97--01061--013 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) BROCKWAY, JOHN BROCKWAY, PAT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 175 SOLANO PRADO 175 SOLANO PRADO	11b. City, State & Zip Code CORAL GABLES FL CORAL GABLES FL	11c. Registration/Document Number
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 <i>John C. Brockway</i>		DATE 10-13-97	
Typed or Printed Name of General Partner Signing Form John C. Brockway		Daytime Telephone Number (305) 445-8593	

CR2E003 (6/97)