

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 SEP 22 AM 9:58

1. Name of Limited Partnership

1a. DOCUMENT #  
**A19315**

**VAX ASSOCIATES, LTD.**



Mailing Address

226 HILCREST STREET  
ORLANDO FL 32801

Principal Office Address

226 HILCREST STREET  
ORLANDO FL 32801

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

03/07/1985

3a. Date of Last Report

09/30/1996

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$1,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

6. FEI Number

59-2577692

☐ 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

LABRET, STEVEN MICHAEL, P.A.  
226 HILCREST STREET  
ORLANDO FL 32801

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)

PARK, JIN NAM

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

103 AUGUSTA CIRCLE

11b. City, State & Zip Code

DAYTONA BEACH FL

11c. Registration/  
Document Number

200002304882--8  
-09/26/97--01078--005  
\*\*\*\*165.00 \*\*\*\*165.00

CWS/KWM

**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

*Jin Nam Park*

DATE

9-7-97

Typed or Printed Name of General Partner Signing Form

JIN NAM PARK

Daytime Telephone Number

(904)252-6980

CR2E003 (6/97)

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1. Name of Limited Partnership	1a. DOCUMENT # <b>A19315</b>
<b>VAX ASSOCIATES, LTD.</b>	



Mailing Address <b>226 HILCREST STREET ORLANDO FL 32801</b>	Principal Office Address <b>226 HILCREST STREET ORLANDO FL 32801</b>	3. Date Formed or Registered <b>03/07/1985</b>	5a. Capital Contributions as Shown on record. <b>\$1,000.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report <b>09/30/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	
City & State	City & State	6. FEI Number <b>59-2577692</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent <b>LABRET, STEVEN MICHAEL, P.A. 226 HILCREST STREET ORLANDO FL 32801</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>PARK, JIN NAM</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>103 AUGUSTA CIRCLE</b>	11b. City, State & Zip Code <b>DAYTONA BEACH FL</b>	11c. Registration/ Document Number <b>200002304882--8</b> <b>-09/26/97--01078--005</b> <b>****165.00 ****165.00</b> <b>CWS/KWM</b>
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SIGNATURE

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