FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

97 JAN 28 PM 4: 53

	A19428				HAR BURK BARIN BURN BURN IRA
V.A.M., LTD.			-A.		
		· · · · · · · · · · · · · · · · · · ·	\$4.7.	· · · · · · · · · · · · · · · · · · ·	
Mailing Address	Principal Office Address		3. Date Formed or Registered	 Capital Contributions as Shown on record. 	
101 FOXHALL ROAD	101 FOXHALL RD.		03/21/1985	\$57,000.00	
BIRMINGHAM AL 35213	BIRMINGHAM AL 35213		38. Date of Last Report 04/16/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept.		
9. Name and Address of Currer	nt Registered Agent	10. If changed, new Registered Agent/Office Name			
BODNAR, MIKE 503 OSCEOLA DR. DESTIN FL 32541			ass (P.O. Box Number Is Not Acceptable)		
DESTRUTE SECTI		Suite, Apt. #, etc. City Zip Code		Zip Code	
10a. Pursuant to the provisions of sections 620.1051 et for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) — A GENERAL PARTNER THAT MUS	r registered agent, or both, in the State of F ns of section 620 192, Florida Statutes.	lorida. Such char	ge was authorized by its general partner(s). I he DATI PARTNERSHIP OR OTHI	ereby accept the	appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b. City, State & Zip Code	11c.	Registration/ Document Number
BODNAR, J. MICHAEL	3000 BRIARCLIFF RD.	:	BIRMINGHAM AL		
BODNAR INVESTMENT GROUP, INC	101 FOXHALL RD.		BIRMINGHAM AL 35213	F96000002120	
			400002 -02/05 *****	1078! 5/970: 191.25	5 84 2 1063803 ****191.25
					KWM
Note: General partners MAY NO	T be changed on this for	m; an am	endment must be filed to ch	nange a g	
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), Florid	la Statutes. I rel	ease the Division of

2.	t 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
•	*Seconations 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 Cyaptyr 620 Floride Statutes.
	empowered to execute this report as required by chapter 620 Floride Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signifig Form

J. Muchoel Bodier

816 ,1AC . Daytime Telephone Number 25. 870 - 1420