

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 27 PM 1:05

1. Name of Limited Partnership

1a. DOCUMENT #  
**A19646**

**INTERSTATE/FORT LAUDERDALE ASSOCIATES, LTD.**



bk 11/27/96

Mailing Address

Principal Office Address

680 ANDERSEN DR.  
PITTSBURG PA 15220

680 ANDERSEN DR.  
PITTSBURG PA 15220

3. Date Formed or Registered

04/08/1985

5a. Capital Contributions as  
Shown on record.

**\$10,000.00**

3a. Date of Last Report

11/20/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date

**\$9,800.00**

4. State or Country of Formation

PA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

25-1495370

☐ 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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

FL

Zip Code

32301

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.

Corporation Service Company

SIGNATURE (Registered Agent Accepting Appointment)

*Carol K. Dolor*

Carol K. Dolor

Authorized Representative

DATE November 26, 1996

**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

INTERSTATE INN INC.

680 ANDERSEN DR.

PITTSBURGH PA

P06032

FINE, MILTON

145 OLD MILL ROAD

PITTSBURGH PA

400002020004--0  
-12/04/96--01111--021  
\*\*\*\*207.75 \*\*\*\*207.75

**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

*J. William Richardson*

(V.P. of General Partner) DATE 11/20/96

Typed or Printed Name of General Partner Signing Form

J. William Richardson

Daytime Telephone Number

(412) 937-0600

CR2E003 (6/96)