

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 18 PM 12:07

1. Name of Limited Partnership MARZAC, LTD.	1a. DOCUMENT # A20844
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Mailing Address P.O. BOX 1119 PALM BEACH FL 33480		Principal Office Address P.O. BOX 1119 PALM BEACH FL 33480		3. Date Formed or Registered 09/23/1985	5a. Capital Contributions as Shown on record. \$6,000.00
				3a. Date of Last Report 01/04/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2794699	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BRAMNICK, MARIO 90550 PINES BLVD., #450 PEMBROKE PINES FL 33024	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) MARZE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. BOX 1119	11b. City, State & Zip Code PALM BEACH FL 33480	11c. Registration/Document Number 585989 <i>new ff \$156.25</i> <i>Or 3-19</i>
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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 *Z. Bramnick* **Z. BRAMNICK Pres.** DATE **2-15-97**
 Typed or Printed Name of General Partner Signing Form **MARZE CORP.** Daytime Telephone Number **954-430-0220**

CR2E003 (11/96)