

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

95 OCT 14 PM 1:00

1. Name of Limited Partnership

1a. DOCUMENT #
A21130

P. I. ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

280 DAINES STREET
SUITE 300
BIRMINGHAM MI 48009

Principal Office Address

280 DAINES STREET
SUITE 300
BIRMINGHAM MI 48009

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

10/30/1985

3a. Date of Last Report

10/19/1995

4. State or Country of Formation

MI

5a. Capital Contributions as
Shown on record

\$800.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$800

6. FET Number

38-2593064

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: **0000001980940** (See 10/21/95 Sec 11023 for information)

****191.25 ****191.25

9. Name and Address of Current Registered Agent

SALAMONE, PETER
451 S.W. 125TH AVENUE
FT. LAUDERDALE FL 33325

10. If changed, new Registered Agent/Office

Name:
MILTON T. RINES
Street Address (P.O. Box Number Is Not Acceptable)
15235 SOUTH MIAMI TRAIL
Suite, Apt. #, etc

City
FT. MYERS

FL Zip Code
33908

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)

Milton T. Rines

DATE

9/16/96

**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)

ZLOTOFF, PAUL M.

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

280 DAINES ST., #300

11b. City, State & Zip Code

BIRMINGHAM MI

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

Paul M. Zlotoff

DATE

9/12/96

Typed or Printed Name of General Partner Signing Form

PAUL M. ZLOTOFF

Daytime Telephone Number

810-645-9220