

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. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
DIVISION OF CORPORATIONS

98 JAN 21 PM 3:21



01/28

CONTINENTAL SOAP'S LTD.

Mailing Address  
P.O. BOX 10909  
3411 TAMiami TR. N. STE 200  
NAPLES FL 33940

Principal Office Address  
P.O. BOX 10909  
3411 TAMiami TR. N. STE 200  
NAPLES FL 33940

2. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Principal Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Formed or Registered 04/28/1986	5a. Capital Contributions as Shown on record \$250,000.00
3a. Date of Last Report 03/31/1997	5b. Amount of Capital Contributions in FLORIDA to date -0-
4. State or Country of Formation FL	6. FEI Number 59-2682616
7. Certificate of Status Desired <input type="checkbox"/> \$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

GRADY, THOMAS R.  
3411 TAMiami TR. N., SUITE 200  
NAPLES FL 33940

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CONTINENTAL SOAP'S INC. CONTINENTAL PROGRAMS INC	3411 TAMiami TR. N.,# 3411 TAMiami TR. N.,#	NAPLES FL NAPLES FL	J14239 J16307
<p>500002416465--4 -01/29/88-01105-011 ***156.25 ***156.25</p>			

**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

*Res., Corp. for Park*

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)