

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 23 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A22444

CONTINENTAL SOAP'S LTD.

Mailing Address

Principal Office Address

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

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

3. Date Formed or Registered

04/28/1986

3a. Date of Last Report

01/21/1998

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$250,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

- 0 -

2. Mailing Address

P.O. Box 10  
Suite, Apt. #, etc.

City & State  
Naples, FL 34106  
Zip Country

2a. Principal Office Address

P.O. Box 10  
Suite, Apt. #, etc.

City & State  
Naples, FL 34106  
Zip Country

6. FEI Number

59-2682616

☐ 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

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

10. If changed, now Registered Agent/Office

Name

Thomas R. Grady

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

220 5th Ave. S., Ste 200

Suite, Apt. #, etc.

City

Naples

FL

Zip Code  
34102

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

10/20/98

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.

3411 TAMiami TR. N.,#

NAPLES FL

J14239

CONTINENTAL PROGRAMS INC

3411 TAMiami TR. N.,#

NAPLES FL

J16307

600002674756--2  
-10/28/98--01078--021  
\*\*\*\*141.25 \*\*\*\*141.25

10/26/98

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

Vincent, Cont Soap's Inc, My Partner 10/20/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)