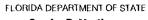
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**





Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A22527

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -9 AM 10: 57



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PLAZA CIRCLE, LTD.							
Malling Address	Principal Office Address			3. Date Formed or Registered	3. Date Formed or Registered 05/12/1986 3a. Date of Last Report 07/18/1997 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$100.00 \$100.00 \$100.00		
2401 PGA BLVD SUITE 196	2401 PGA BLVD SUITE 196						
PALM BEACH GARDENS FL 33410	PALM BEACH GARDENS FL 334						
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address					
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Numbor 59-2687476	Applied For		
City & State	City & Stato			7. Certificate of Status Desired		Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	8. Make check payable to: Dept. of State (See reverse side for fee informati					
9. Name and Address of Current Registered Agent			10. If changed new Registered Agent/Office				
PERRY, FRANCES T 2401 P.G.A. BLVD STE 196 SUITE 196 PALM BEACH GARDENS, FL. FL 33410		Name Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt.	#, etc.				
		City	City			Zip Code	
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	nt)	LIMITED	PART	DATE NERSHIP OR OTHE	<u> </u>		
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office B	ral Partner	11b.	City, State & Zip Code	11c,	Registration/ Document Number	
PLAZA CIRCLE, INC.	2401 PGA BLVD STE #1	2401 PGA BLVD STE #19		PALM BCH GARDENS FL		J07294	
e de la companya de l				1 ၀၀၀၀ဥ္က		321-6	
				************************************	797∩ 5 4. 25	****158.25	
Note: General partners MAY N	IOT be changed on this for	m: an am	endme	nt must be filed to che	ange a g	eneral nariner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance this annual report is true and accurate and that empowered to execute this report as required to	with this filing is voluntarily furnished and does to with Soction 119.07(3)(k) in the event that the my signature shall have the same logal offects a	not qualify for the information supp	e exemption	stated in Section 119.07(3)(k), Florida ned exempt from public access. I furth	Statutos. I rete er certify that t	ase the Division of he Information Indicated on	
SIGNATURE (Ann	/ Jaylor			DATE . /	12/3/	97	
Typed or Printed Name of General Partner Signing Fore	m		<u> </u>	Daytime Telephone Number		·	