

**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 SEP 13 AM 11:14



1. Name of Limited Partnership	1a. DOCUMENT # A24483
INTERSTATE WAREHOUSES, LTD.	

Mailing Address P.O. BOX 20466 TAMPA FL 33622-0466	Principal Office Address P.O. BOX 20466 TAMPA FL 33622-0466	3. Date Formed or Registered 04/21/1987	5a. Capital Contributions as Shown on record \$507,000.00
		3a. Date of Last Report 09/18/1995	5b. Amount of Capital Contributions in FLORIDA to date \$390,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-2830870	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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 W. L. BEACH PROPERTIES, INC. 5005 W. LAUREL ST. STE. 212 TAMPA FL 33607	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
THE GEORGE W. LACKEY CO.	5005 W. LAUREL ST. #2	TAMPA FL	H95225
BITTMANN, CHRIS	11816 LIPSEY RD.	TAMPA FL	
W L BEACH PROPERTIES INC	5005 W. LAUREL ST. #2	TAMPA FL	G47759

600001951066
09/19/96-01007-018
*****576.25 ***576.25**

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. Further, I 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

DATE **9/9/96**

Typed or Printed Name of General Partner Signing Form **George W. Lackey**

Daytime Telephone Number **813 287-8222**

CR2E003 (6/96)

0008161