

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership:

1a. DOCUMENT #
A24748

PRIME CORNERS, LTD.

97-AR
CM



Mailing Address
P.O. BOX 630457
N. MIAMI BEACH FL 33163-0457

Principal Office Address
P.O. BOX 630457
N. MIAMI BEACH FL 33163-0457

3. Date Formed or Registered
06/25/1987

5a. Capital Contributions as Shown on record.
\$700,000.00

3a. Date of Last Report
10/23/1995

5b. Amount of Capital Contributions in FLORIDA to date
\$700,000.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

6. FLL Number
59-2818520

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

7. Certificate of Status Desired
 \$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

Zip Country Zip Country

9. Name and Address of Current Registered Agent

**KAPLAN, ABBEY L.
100 CHOPIN PLAZA
SUITE 1970
MIAMI FL 33131**

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

PRIME CORNERS, INC.

2835 HOLLYWOOD BLVD.

HOLLYWOOD FL

M53644

900001968189
-10/08/96--01146--007
***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. I further certify that the information included 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

Typed or Printed Name of General Partner Signing Form

RONALD K. WERNER, G.P.

Daytime Telephone Number **(954) 923-1966**

CR2E003 (6/96)