

**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. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 14 AM 11:04

1. Name of Limited Partnership:

1a. DOCUMENT #  
**A24748**

**PRIME CORNERS, LTD.**



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

09/30/1996

5b. Amount of Capital Contributions in FL OFFIDA to date

\$700,000.00

4. State or Country of Formation

FL

6. FEI Number

59-2818520

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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

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 620.105, 1 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)

PRIME CORNERS, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~2835 HOLLYWOOD BLVD.~~  
1620 SWEETBAY WAY

11b. City, State & Zip Code

HOLLYWOOD FL  
Hollywood, FL 33019

11c. Registration/Document Number

M53644

300002352293-8  
-11/19/97-01096-003  
\*\*\*\*541.25 \*\*\*\*541.25

KWM

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

*Ronald K. Werner, Gen Partner*

DATE

11/10/97

Typed or Printed Name of General Partner Signing Form

RONALD K. WERNER

Daytime Telephone Number

(954) 925-0576

CR2003 (6/97)