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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

FLORACENTERS LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A25065

97 DEC 24 PM 4: 14



Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.							
209 EAST STATE STREET	209 EAST STATE STREET		08/20/1987 3a. Dale of Last Report	\$5.00							
COLUMBUS OH 43215	COLUMBUS OH 43215	COLUMBUS OH 43215		φοιου							
			12/24/1996	5b. Amount of Capital Contributions in FLORIDA							
			4. State or Country of Formation	to date:							
2. Malling Address	2a. Principal Office Address		FL								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FE! Number								
	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (31-1203475	Applied For							
City & State	City & State		7. Certif-cate of Status Desired	Not Applicable							
Zip Country	7ip	Country	Certificate of Status Desired	\$8.75 Additional Fee Required							
	<u> </u>			8. Make check payable to: Dopt. of State (Soe reverse side for fee informat							
9. Name and Address of Current Registered Agent		10. If changed, now Registered Agent/Office Namo									
PADUCH, GARY F020 BRITT COURT 321 OLEANDER WAY SUITE-128A		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.									
					SUHE-128A				Cilv		
					ALTAMONTE SPRINGS FI -90701		Cily		Zin Code		
ALTAMONTE SPRINGS FL 32701 CAS TUE BERRY FL 10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off	ice or registered agent, or both, in the State of										
ALTAMONTE SPRINGS FL-32701- CACTUE BERR-/ FL 10a. Pursuant to the provisions of socilions 620 10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	61 and 620 192, Florida Statutes, the above ne ice or registered agent, or both, in the State of gations of section 620, 192, Florida Statutes. nt) _ AT IS A CORPORATION	med limited partnership Florida. Such change w	as authorized by its general partner(s). I he DATE ARTNERSHIP OR OTHE	the State of Florida, submits this statement of registered accept the appointment of registered							
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this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form Frank S. Benson III, President

empowered to execute this report as required by chapter 620, Florida Statutes.

DATE December 17, 1997

Daytime Telephone Number (614) 228-5331