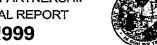
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



this annual report is true and accurate any that my signature skill have the empowered to execute this report as roduing by chapter 529. Floring skill have the empowered to execute this report as roduing by chapter 529. Floring skilltest

SIGNATURE

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1999 🤻	DIVISION OF (CORPORATION	ls .	· CUMPORATIONS
1. Name of Limited Partnership	1a. DOCUM A25754			4 AM 10: 13
PORT CANAVERAL STEVEDO	ORING, LTD.		 	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
P.O. BOX 572 CAPE CANAVERAL FL 32920	P.O. BOX 572 CAPE CANAVERAL FL 32920			\$1,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number 59-2870120	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required tate (See reverse side for fee information)
9. Name and Address of Curr	ent Registered Agent	T	10. If changed, new Registered	Agent/Office
No.		Name	101	· gonzon
BISTLINE, HAROLD T.		Street Addres	s (P.O. Box Number Is Not Acceptable)	
BUILDING I, SUITE 10		Suite, Apt. #,	etc.	
1970 MICHIGAN AVE. COCOA FL 32922				
		City	····	FL Zip Code
	or registered agent, or both, in the State of Flor		hip organized or registered under the laws of the was authorized by its general partner(s). I hereby	
SIGNATURE (Registered Agent Accepting Appointment)_			DATE	
A GENERAL PARTNER THA MU:	T IS A CORPORATION, ST BE REGISTERED AN	LIMITED I	PARTNERSHIP OR OTHEI E WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each Gener	al Partner lox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PORT CANAVERAL STEVEDORING I	9012 HERRING STREET		PORT CANAVERAL FL	H16389
•			9000027 12/23/9 ****14	212290 8-01077-007 1.25 ****141.25
Note: General partners MAY NO	T be changed on this forr	n; an amer	ndment must be filed to cha	nge a general partner.
12. I do hereby certify that the information supplied with	this filling is foluntarily furnished and does no	t qualify for the exe	emption stated in Section 119.07(3)(k), Florida Sta	atutes. I release the Division of
Corporations from any liability of non-compliance we this annual report is true and accurate any that my	ith Section 1/19.07/3)(k) In the Avent that the in	tormation supplied	l is deemed exempt from public access. I further o	ertify that the information indicated on

407-783-9623 Patrick T. Lee Typed or Printed Name of General Partner Signing Form Daytime Telephone Number,