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

LIMITED PARTNERSHIP							
ANNUAL REPORT							
1999							



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 18 AM 9: 19

nota

		7127200			120			
BOYNTON - STOR-ALL, LTD.								
Mailing Address	F	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
% STOR-ALL SYSTEMS, INC., 1375 W. HILLSBORO BLVD.,		% STOR-ALL SYSTEMS. INC 1375 W. HILLSBORO BLVD.,			10/21/1988 3a. Date of Last Report	\$715,000.00		
DEERFIELD BEACH FL 33442	1	DEERFIELD BEACH FL 33442			09/24/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2	2a. Principal Office Address			4. State or Country of Formation	to date:		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			6. FEI Number 65-0052815	Applied For Not Applicable		
City & State Zip Country		City & State Zip Country			7. Certificate of Status Desired	X	\$8.75 Additional Fee Required	
	Country Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)				
9 Name and Addr	ess of Current Regis	stered Agent	 -		10. If changed, new Registered	Agent/Office		
ANDERSON, LARRY W 1375 W. HILLSBORO BLVD., DEERFIELD BEACH FL 33442			Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code					
agent. I am familiar with, and accept	ered office or register the obligations of sec	ed agent, or both, in the State of Florida				State of Florid		
A GENERAL PARTNE	R THAT IS	A CORPORATION, L E REGISTERED AND	MITED ACTIV	PART E WIT	NERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)		Address of Each General (Do NOT Use Post Office Box	Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
STOR-ALL SYSTEMS, INC.		1375 W. HILLSBORO BLV		DEE	DEERFIELD BEACH FL 319888		9888	
					600002695626—-2 -11/24/9301072008 *****535.00 *****535.00		26——2 172—008 ****\$35.00	
*				<u>_</u> ,				
Note: General partners M	AY NOT be	changed on this form	; an am	endme	nt must be filed to cha	inge a g	eneral 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 cath. 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.

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Davitime Telephone Number 954-421-7888

CKZE003 (8/98)