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

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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POMPANO BEACH FL 33069 4. State or Country of Formation FL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 7. Certricate of Status Desired B. Make check payable to Dept. of State (See reverse) B. Make check payable to Dept. of State (See reverse) Pompano Beach FL 33190 Pompano Bea		5a. Capital Contributions Shown on record.	7.	2400 W COPANS ROAD SUITE 6		SUITE 6		
2. Mailing Address 28. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 7. Certificate of Status Desired 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Make check payable to Dept. of State (See reversible) 2. Pursuant to the provisions of sections 620 1051 and 620, 192. Floridal Statutes 1. Suite, Apt. #, etc. 1. Suite Address (P.O. Box Number & Num	ol of Chairm	5h Association	3a. Date of Last Report 02/12/1996					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Country A, Make check payable to: Dept. of State (See reverse) - 9, Name and Address of Current Registered Agent REINHARD, SANFORD 2875 NE 191ST ST., SUITE 404 NO. MIAMI BEACH FL 33190 Sireet Address (P.O. Box Number is Not Asceptable) 2.1 0.1 E Suite, Apt. #, etc. - 02/287/97 - 011 ******541.25 ** City City City FL 10a, Pursuant to trie 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 Statutes SiGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Co.NOT. Use Fool Office Box Numbers) 11b. City, State & Zip Code 11c. HARLAND ASSOCIATES, INC. 8371 WATERFORD CIR TAMARAC FL 517	butions in FLORIDA 9:	5b. Amount of Capita! Contributions in FLO to date:			20 000000000000000000000000000000000000	Ned to a co	2 Haline A	
City & State Country Country Zip Country E, Make check payable to: Dept. of State (See reveil) 8, Make check payable to: Dept. of State (See reveil) 10. If changed, new Registered Agent/Office REINHARD, SANFORD 2875 NE 191ST ST., SUITE 404 NO. MIAMI BEACH FL 33190 Suite, Apt. *, etc. Suite, Apt. *, etc. City FL 10a. Pursuant to trie 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 to the purpose of changing its registered algent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the agent I are 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 BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (pc. Addiess of Each General Partner) 11b. City, State & Zip Code 11c. HARLAND ASSOCIATES, INC. 8371 WATERFORD CIR TAMARAC FL 517			FL.	28. Principal Office Address		Address	Z. Mailing A	
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- 9. Name and Address of Current Registered Agent REINHARD, SANFORD 2875 NE 191ST ST., SUITE 404 NO. MIAMI BEACH FL 33190 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 Such change was authorized by its general partner(s). I hereby accept the a agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Fost Office Box Numbers) 11b. City State & Zip Code 11c. HARLAND ASSOCIATES, INC. 8371 WATERFORD CIR TAMARAC FL 517	\$8.75 Additional Fee Required	Fee Req		Country	Zıp	Country	Zıp	
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2875 NE 191ST ST., SUITE 404 NO. MIAMI BEACH FL 33190 Suite, Apt. *, etc.		ed Agent/Office	10. if changed, new Registered		rrent Registered Agent	9. Name and Address of Curr	•	
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NO. MIAMI BEACH FL 33190 Suite, Apt. 4, etc. *****541.25 City FL 10a. Pursuant to trie 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 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 agent 1 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 BUSIN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. HARLAND ASSOCIATES, INC. 8371 WATERFORD CIR TAMARAC FL 517	Street Address (P.O. Box Number Is Not Asceptable) 2101616					· · · · · · · · · · · · · · · · · · ·		
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SHOP-EXP., INC. 2875 N.F. 191ST, ST., NORTH MIAMI REACH FI POS	Document Number 7336	517336				HARLAND ASSOCIATES, INC. 8371		
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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 quality 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 trug and courate 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

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Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number