

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

FILED

97 DEC 30 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A27963

PARK COLLECTION, LTD.

Mailing Address

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER FL ~~33764~~

Principal Office Address

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER FL ~~33764~~

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

33764

Country

Zip

33764

Country

3. Date Formed or Registered

02/23/1989

3a. Date of Last Report

01/02/1997

4. State or Country of Formation

FL

6. FLL Number

59-2974381

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

\$2,475.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$2,475.00

☐ Applied For
☐ Not Applicable

\$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

THE JOHNSON SIMMONS MANAGEMENT CORP.
18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER FL ~~33764~~

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL 33764

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, 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)

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

11b. City, State & Zip Code

11c. Registrar/
Document Number

JOHNSON SIMMONS MANGMENT CORP.

18167 U.S. HIGHWAY 19 N #660

CLEARWATER FL ~~33764~~

H80383

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-01/15/98--01087--004
****158.25 ****158.25

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 *Earl F. Moore*

EARL F. MOORE, CONTROLLER DATE 12/1/97

Typed or Printed Name of General Partner Signing Form JOHNSON SIMMONS MANAGEMENT CORP.

Daytime Telephone Number 813/530/5522

CR2E003 (6/97)