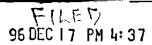
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham



SECRETARY OF STATE TALLARADSEE, FLORIDA

1997	Secretary of State DIVISION OF CORPORATI	ONS			
1. Name of Limited Partnership	1a. DOCUMENT #	‡	T I SANTU ITUD INTEN NOKE SITEN TANK GEN GIDIN AKAN BIBNI DIRIK DIRIK DIRIK BIRNI KODI		
NEW HARBOR PARTNERS, LTD.					
Mailing Address 1706 S. FEDERAL HWY SUITE A-3 DELRAY BEACH FL 33483	Principal Office Address 1705 S. FEDERAL HWY SUITE A-3 DELRAY BEACH FL 33483 2a. Principal Office Address		3. Date Formed or Registered 05/01/1989 5a. Capital Contributions as Shown on record. \$148,500.00 3a. Date of Last Report 12/18/1995		
2. Mailing Address			4. Stale or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FELY 0 124854	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		Fee Required 8. Make check payable to Dept of State (See reverse side for fee information)		
9. Name and Address of	Current Registered Agent		10. If changed, new Register	red Agent/Office	
SCHROEDER, MICHAEL A., ESQ.		Name			
ONE BOCA PLACE, SUITE 319-ATF	RIUM Street A	ddress (P.O. B	ox Number Is Not Acceptable)		
2255 GLADES ROAD	Suite, A	Suite, Apt. #, etc			
BOCA RATON FL 33431	City	City Zip Code			
10				<u>FL</u>	
for the purpose of changing its registered agent 1 am familiar with, and accept the ol SIGNATURE (Registered Agent Accepting Appointr	.1051 and 620 192, Florida Statules, the above-named limited pa office or registered agent, or both, in the State of Florida Such o bligations of section 620 192 Florida Statutes ment) HAT IS A CORPORATION, LIMITE	hange was au	thorized by its general partner(s). I he	ereby accept the appointment of registe	ered
	MUST BE REGISTERED AND ACT	IVE WI	TH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers	11b.	City, State & Zip Code	11c. Registration/ Document Number	
NEW HARBOR, INC.	1705 S FEDERAL HWY A-	DE	tray beach fl 4000ලද	K83662	
			*****	0/9601097005 576.25 ****576.25	
1					
Note: General partners MAY	NOT be changed on this form; an a	mendme	nt must be filed to cl	hange a general partne	r.
Corporations from any liability of non-complia	lied with this fiting is voluntarily furnished and does not qualify for ance with Section 119.07(3)(k) in the event that the information s hat my signatule shall have the same legal effects as if made un id by chapter 630. Florida Statules	upplied is deer	med exempt from public access. I ful	rther certify that the information indicate	

MORGAN RUSSELL Daytime Telephone Number 561 391-1411 SIGNATURE ____ Typed or Printed Name of General Partner Signing Form ______