


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership  <b>JOLYN INVESTMENTS, LTD.</b>		1a. DOCUMENT # <b>A28614</b>	
Mailing Address <b>C/O JOHN A. CULLY OF CHERRY POST DEVELOPEM 97 STAPLETON DR. ETOBICOKE, ONT., CANADA M9R3A5</b>		Principal Office Address <b>C/O JOHN A. CULLY OF CHERRY POST DEVELOPEM 97 STAPLETON DR. ETOBICOKE, ONT., CANADA M9R3A5</b>	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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3. Date Formed or Registered <b>07/11/1989</b>	5a. Capital Contributions as Shown on record. <b>\$430,000.00</b>
3a. Date of Last Report <b>12/22/1995</b>	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>98-0105222</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>WENZEL, KENNETH A. C/O OSBORNE, HANKINS, MCLAREN, &amp; REDGRAVE 700 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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.

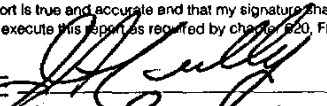
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**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) <b>RIVER DELTA, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>% 97 STAPLETON DR.</b>	11b. City, State & Zip Code <b>ETOBICOKE, ONT, CAN</b>	11c. Registration/Document Number <b>K95385</b>
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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 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  DATE **Dec 23 / 96**  
Typed or Printed Name of General Partner Signing Form **JOHN A. CULLY** Daytime Telephone Number **(416) 241-8235**

CR2E003 (6/96)



ACCOUNT NO. : 072100000032  
REFERENCE : 201114 85922A  
AUTHORIZATION : *Patricia Pzyts*  
COST LIMIT : \$ 585.00

ORDER DATE : December 24, 1996  
ORDER TIME : 12:16 PM  
ORDER NO. : 201114-005 500002037895--1  
CUSTOMER NO: 85922A  
CUSTOMER: Mr. John A. Cully  
Cherry Post Developments, Ltd.  
97 Stapleton Drive  
Etobicoke  
Ontario, CN M9R 3A5

ANNUAL REPORT FILING

NAME: JOLYN INVESTMENTS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

RECEIVED  
95 DEC 24 PM 1:05  
DIVISION OF CORPORATION