

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 APR -8 AM 9:48



1. Name of Limited Partnership NATIONAL DEVELOPERS, LTD.	1a. DOCUMENT # A28847
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Mailing Address 118 W. GRANT STREET, #B ORLANDO FL 32806	Principal Office Address 118 W. GRANT STREET, #B ORLANDO FL 32806	3. Date Formed or Registered 09/05/1989	5a. Capital Contributions as Shown on record. \$288.00
2. Mailing Address 1924 33 rd ST. Suite, Apt. #, etc. 6	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 06/04/1996	5b. Amount of Capital Contributions in FLORIDA to date.
City & State ORLANDO FL	City & State ORLANDO	4. State or Country of Formation FL	6. FEI Number 59-2967254 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32839	Country USA.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S. 243 WEST PARK AVENUE SUITE 201 WINTER PARK FL 32789	10. If changed, new Registered Agent/Office Name JOE POZO JR. Street Address (P.O. Box Number is Not Acceptable) 1924 33 rd ST. AVE. Suite, Apt. #, etc. City ORLANDO FL Zip Code 32839
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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

4/5/97

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) P.A.P., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1809 SOUTH SEMORAN BL New Address. 1924 33 rd ST.	11b. City, State & Zip Code ORLANDO FL 32839	11c. Registration/Document Number JK99292 OK 100002142741-3 -04/14/97-01159-024 ****156.25 ****156.25
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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

4/5/97

Typed or Printed Name of General Partner Signing Form

Joe Pozo Jr.

Daytime Telephone Number

407-422-8141

CR2E003 (11/96)