

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

FILED

97 FEB -4 PM 12: 00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS**



1. Name of Limited Partnership
FC SQUARE LTD.

1a. DOCUMENT #
A29450

Mailing Address 137 S RIDGEWOOD DRIVE SEBRING FL 33870		Principal Office Address 137 S RIDGEWOOD DRIVE SEBRING FL 33870		3. Date Formed or Registered 01/02/1990	5a. Capital Contributions as Shown on record. \$342,879.00
2. Mailing Address 136 S. Ridgewood Drive Suite, Apt. #, etc.		2a. Principal Office Address 3750 US 27 South NORTH Unit 1D		3a. Date of Last Report 12/11/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$347,159.00
City & State Sebring, FL		City & State Sebring, FL		4. State or Country of Formation FL	6. FEI Number 59-2980040 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33870-3336 Country		Zip 33870 Country		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 BOBBY FULCHER 1200 US 27 N., SUITE 81 SEBRING FL 33870		10. If changed, new Registered Agent/Office	
		Name 	
		Street Address (P.O. Box Number) 000002082050--2 -02/10/97--01011--010	
		Suite, Apt. #, etc. ****840.85 ****541.25	
		City FL	Zip Code

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. Registration/ Document Number
DEBLASIO, BONIFACE	11 PAGE DRIVE	REDBANK NJ	
		dec 541.25 (new fee)	

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 12/10/96.
 Typed or Printed Name of General Partner Signing Form Bonifacio DeBlasio Daytime Telephone Number (908) 747-2173

CR2E003 (6/96)