

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

FILED

97 OCT 29 PM 2:00

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 #
A29450

FC SQUARE LTD.



Mailing Address

136 S. RIDGEWOOD DRIVE
SEBRING FL 33870-3336

Principal Office Address

3750 US 27 NORTH, SUITE 1D
SEBRING FL 33870

3. Date Formed or Registered

01/02/1990

5a. Capital Contributions as
Shown on record.

\$347,159.00

3a. Date of Last Report

02/04/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

\$512,159.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2980040

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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 Bobby Fulcher
Street Address (P.O. Box Number is Not Acceptable)
4400 Sebring Av
Suite, Apt. #, etc.
City Sebring FL Zip Code 33872

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)

Bobby Fulcher

DATE 10-24-97

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)

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

300002335153--6
-10/31/97--01061--020
1696.25 *541.25

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

Boniface DeBlasio G.P.
Boniface DeBlasio

DATE

10/24/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-386-1611

CP2E003 (6/97)