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

LIMIZED PARTNERSHIP ANNUAL REPORT 1997

POWERS & 50 ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



DIVISION OF CORPORATIONS
96 DEC -2 AM 10: 47 until
96 DEC -2 AM 10: 47 with

Maring Address 701 BROKELL ME 5TE 1400 STE 1400						
38. Date of Learn Report 12/22/1985  50. Applied from the prove one of scalars 600 turner Registered Agent  7. Country  8. Man and Address of Current Registered Agent  70 BRICKELL AVE. 8 also  10. If changed rew Registered Agent  10.	701 BRICKELL AVE.	701 BRICKELL AVE.	701 BRICKELL AVE. STE. 1400		01/22/1990 \$1,055,582.79  Date of Last Report 12/22/1995	
28. Principal Office Address  28. Principal Office Address  Suite Apt #, etc.  Suite Apt #, etc.  City & State  City & State  Zip Country  Zip Country  Zip Country  PITTS, W. DOUGLAS  70 I BRICKELL AYE.  STE: 1400  MAMI FL 33131  10. Principal of the provisions of States Desired Agent Plant (Country)  Solid Apt #, etc.  City & State  10. If changed, new Registered Agent Office Agent Plant (Country)  Solid Apt #, etc.  City ####\$576.25  ####\$76.25  #####\$76.25  #####\$76.25  ####\$76.25  ####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  #####\$76.25  ######\$76.25  ###################################	**=***					
28. Principal Office Address  28. Principal Office Address  5. Unit Apt 8 etc.  5. Surio, Apt 8 etc.  5. Surio, Apt 8 etc.  6. Fiji Number  7. Centricate of Status Destrod  8. Make check specials to Destrod  8. Name and Address of Current Registered Agent  PITTS, W. DOUGLAS  701 BRICKELL AVE.  STE 1400  MIAMIF E 33131  5. Surio, Apt 8 etc.  6. Fiji Number  7. Centricate of Status Destrod  9. Name  10. If changed, new Registered Agent Office or Inches Status Destrod  5. Surio, Apt 8 etc.  5. Surio, Apt				4. State or Country of Formation	<b>5D.</b> Amount of Capital Contributions in FLORIDA to date:	
City & State  Reflection	2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		91,055,582.79	
To Country   Zip   Country   Zip   Country   Zip   Country   R, Make check payable to: Dopt of State (See reverse side for fee frequency   R, Make check payable to: Dopt of State (See reverse side for fee feetward fee from the feetward of the feetward f	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
2p Country  8, Marie check payable to: Dept. of State (See reveales side for fee information)  9, Name and Address of Current Registered Agent  10, If changed new Registered Agent/Office  PITTS, W. DOUGLAS 701 BRICKELL AVE. STE. 1400  MIAMI FL 33131  Suste, Apt. 4. etc.  ***********************************	City & State	City & State	City & State			
PITTS, W. DOUGLAS 701 BRICKELL AVE. STE. 1400 MIAMI FL 33131  SVE. Apl #. etc.  12-06/96 01150 0115  SVE. Apl #. etc.  12-06/96 01150 01150  SVE. Apl #. etc.  12-06/96 01150  SVE. Apl #	Zip Country	Zip	Zip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)	
PITTS, W. DOUGLAS 701 BRICKELL AVE. STE. 1400 MIAMI FL 33131  SVE. Apl #. etc.  12-06/96 01150 0115  SVE. Apl #. etc.  12-06/96 01150 01150  SVE. Apl #. etc.  12-06/96 01150  SVE. Apl #	9 Name and Address of Cur	rent Registered Agent		10. If changed new Registers	nd Agent/Office	
Total BRICKELL AVE. STE: 1400 MIAMI FL 33131  Surfo, Api, 4, etc.  12 / 106 / 96 - 011050 - 0115  Surfo, Api, 4, etc.  12 / 106 / 96 - 011050 - 0115  Tel.  To Code  The provisions of acctions 520 1051 and 560 192, Florida Statutes, the above-named timited partnership organized or registered under the lews of the State of Florida, Such change was authorized by its general partner(a). I hereby accept the depointment of registered agent. I hereby accept the depointment of registered agent. I hereby accept the depointment of registered agent. I hereby accept the depointment of registered agent agent. I hereby accept the depointment of registered agent agent. I hereby accept the depointment of registered agent agent. I hereby accept the depointment of registered agent agent. I hereby accept the depointment of registered agent agent. I hereby accept the depointment of registered agent agent. I hereby accept the depointment of registered agent. Accept the appointment of registered agent. Accept the depointment of registered Agent Accept the Collegions of Section (50:192, Florida Statutes).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(s)  11a. (Do NOT) Use First Office Box Numbers)  11b. City, State & Zip Code  11c. Registrator, Document Numbers  11b. City, State & Zip Code  11c. Registrator, Document Numbers  11c. Name(a) of General Partner(s)  11d. Name(a) of General Partner(s)  11d. (Do NOT) Use First Office Box Numbers)  11b. City, State & Zip Code  11c. Registrator, Document Numbers  11c. Name(a) of General Partner(s)  11d. (Do NOT) BRICKELL AVE., \$11/400  MIAMI FL  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12c. 1 do hereby certify that the information supplied in deemed exempt from public access. I turther certify that I em a General Partner of the limited partnership, receiver of busine on powered to execute this region o			Name	G. Polarigos, Inv. August.	a right it will be	
MIAMI FL 33131  Sote, Apt. 4, etc.  ####\$76, 25  #####\$76, 25  #####\$76, 25  #####\$76, 25  #####\$76, 25  #####\$76, 25  #####\$76, 25  ###################################	701 BRICKELL AVE.		Street Address (P.O. Box Number-le Net 1991) 20221138			
To be provisions of sectors 620 1051 and 620 192, Florida Statutes, the above-named I miled partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered digines of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)  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)  118. (po NOTIFIE REGISTERED AND ACTIVE WITH THIS OFFICE.  119. City, State & Zip Code  110. December 1 11			Suite, Apt. #, etc. 12/105/36 - 01030 - 013			
10g. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named Imited partnership organized or registered under the laws of the State of Florida, automits 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 and accept the obligations of section 620 192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment).  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. (In Notice) Registered Agent Accepting Appointment).  I ANCASTER DEVCORP, INC.  701 BRICKELL AVE., \$14/00  MIAMI FL  M34390  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the intoposition applied with this lifting is voluntarily furnshed and does not qualify for the exemption state of its bection 110 0/13(b)t, Florida Statutes, I release the Divesion of Corporation from any lability of non-complement will Scalino 11 10 (73(b)t) in the worth that the information indicated on this around report is true by accurately that the intogration of the limited partnership, receiver or trustee empowered to execute this report or fulliated by the same legal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report or fulliated by the same legal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report or fulliated to the same legal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report or fulliance.	MINNI FE 33131		City Zip Code			
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do Notice Foot General Partner)  11b. City. State & Zip Code  11c. Registration/Document Number  11b. City. State & Zip Code  11c. Registration/Document Number  M34390  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ide hereby certify that the information applied with this lifting is voluntarily furneshed 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-colippiance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If urther certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute by control countering that it is annual report to the argument of the limited partnership, receiver or trustee empowered to execute this report as squared by statute by control countering that it is an open and partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute by control countering that it is a general Partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute by control countering that it is a general Partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute by control countering that it is a general Partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute by statute as a general Partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute as a general Partner of the limited partnership, receiver or trustee empowered to execute this report as squared by statute as a general Partner of the limited partnership, receiver or trustee empowered to execute the same partnership.	agent I am familiar with, and accept the obligation of the obligation of the second sec	itions of section 620.192, Florida Statutes.		DATE		
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. It do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ki), Florida Statutes. I release the Division of Corporations from any liability for non-eclipplanace with Section 119.07(3)(ki) in the event that the information supplied is deemed exempt from public access. If further certify that the information indicated on this amount report is true and accurate of that my singular is 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 propried 620 ripida Statutes.  DATE  1.35.94	MU	IST BE REGISTERED A	ND ACTIVE	WITH THIS OFFICE.		
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 lability 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 that hat my signalize 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 struined by classify 620 folds Statutes.  SIGNATURE  DATE  11.25.94				1b. City, State & Zip Code	11c. Registration/ Document Number	
12. I do hereby certify that the information supplied with this filling 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. Flurther certify that the information indicated on this annual report is true and accurate this 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 facilities to the control of the certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as facilities.  SIGNATURE  DATE	LANCASTER DEVCORP, INC.	701 BRICKELL AVE., #		MIAMI FL	M34390	
Corporations from any liability of non-collaphiance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Further certify that the information indicated on this annual report is true and accurate 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 acquired by chartel 620 foolda Statutes.  SIGNATURE  DATE				· · · · · · · · · · · · · · · · · · ·	<del> </del>	
	Corporations from any liability of non-compliance this annual report is true and accurate in that m	with Section 119.07(3)(k) in the event that the y signature shall have the same legal effects	information supplied	I is deemed exempt from public access. I furth h. I further certify that I am a General Partner o	ner certify that the information indicated on If the limited partnership, receiver or trustee	
Typed or Printed Name of General Partner Signing Form Staglas H. Kilgen, Tressume Daytime Telephone Number 305-379-8467	SIGNATURE PAGE 18 1					
	Typed or Printed Name of General Partner Signing Form	Stuglas H. Midge	J, TREASU	M Daytime Telephone Number	105-379-8467	