

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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 JAN 29 PM 4:21

1. Name of Limited Partnership

1a. DOCUMENT #
A30147

Boca-K Associates Ltd.

Mailing Address

12000 Biscayne Boulevard
Suite 803
Miami, Florida 33181

Principal Office Address

Same

3. Date Formed or Registered

05-31-90

5a. Capital Contributions as
Shown on record

\$1,000.00

3a. Date of Last Report

04-30-96

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1,000.00

2. Mailing Address

10301 S.W. 13th Street

2a. Principal Office Address

10301 S.W. 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

Country

33025

Zip

Country

33025

4. State or Country of Formation

FL

6. FEI Number

59-2388262

☐ 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

Mark Kovens
12000 Biscayne Boulevard, Suite 803
Miami, Florida 33181

10. If changed, new Registered Agent/Office

Name Frank Egger

Street Address (P.O. Box Number is Not Acceptable)

10301 S.W. 13th Street

Suite, Apt. #, etc.

City Pembroke Pines

FL

Zip Code 33025

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 12-30-96

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)

KOAD, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

10301 S.W. 13th Street

11b. City, State & Zip Code

Pembroke Pines, FL
33025

11c. Registration/
Document Number

M51184

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-02/05/97--01071--0006
****156.25 ****156.25

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

DATE 12-30-96

Typed or Printed Name of General Partner Signing Form

Frank E. Egger - Vice Pres of Koad

Daytime Telephone Number

561-994-6307

CR2E003 (6/96)