

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

FILED

96 DEC 30 AM 8:56

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 DEL VERA CONSTRUCTION, LTD.		1a. DOCUMENT # A30575	
Mailing Address 18621 N. TAMiami TRAIL N. FT. MYERS FL 33903	Principal Office Address 18621 N. TAMiami TRAIL N. FT. MYERS FL 33903	3. Date Formed or Registered 09/21/1990	
2. Mailing Address 2250 AVENIDA DEL VERA		3a. Date of Last Report 02/27/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State N. FT. MYERS, FL	City & State N. FT. MYERS, FL	5a. Capital Contributions as Shown on record. \$14,850.00	
Zip 33917	Country LIE	5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 65-0207500		☐ 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 WAGLE, HAROLD H. 18551 N. TAMiami TRAIL NORTH FT. MYERS FL 33903		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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

**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) DEL VERA CONSTRUCTION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 18621 N. TAMiami TRAIL	11b. City, State & Zip Code N. FT. MYERS FL	11c. Registration/Document Number L50764
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****242.70 ****242.70

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

Harold H. Wagle

DATE

12/28/96

CR2E003 (6/96)