

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

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LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

CLIENT COPY

SMITH, GRAHAM & ASSOCIATES, P.A.

TALLAHASSEE, FLORIDA



9/13/26

1. Name of Limited Partnership
NEW KVS INVESTMENTS, LTD.

1a. DOCUMENT #
A30826

Mailing Address
**C/O SMITH, GRAHAM & ASSOC., PA
96 NE 4 AVE.
DELRAY BEACH FL 33483**

Principal Office Address
**2601 NORTH OCEAN BLVD., #A
GULFSTREAM FL 33483**

3. Date Formed or Registered
11/02/1990

3a. Date of Last Report
12/12/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$7,000,000.00

5b. Amount of Capital Contributions in to date
7,000,000.00

2. Mailing Address

2a. Principal Office Address

City & State

City & State

Zip Country

Zip Country

6. FEI Number
65-0301148

Applied For
 Not Applicable

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

8.

9. Name and Address of Current Registered Agent

**GRAHAM, DAVID P
96 E 4TH AVE.
DELRAY BEACH FL 33483**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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	11b. City, State & Zip Code	11c. Registration/Document Number
NEW KAVWELL CO.	2601 N OCEAN BLVD., #	GULFSTREAM FL	L82094
			600002039506--1
			-12/27/96--01073--001
			****576.25 ****576.25

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 *John P. Kavooras* DATE _____

Typed or Printed Name of General Partner Signing Form **NEW KAVWELL, INC.** Daytime Telephone Number **(561) 276-3119**

BY JOHN P. KAVOORAS, PRES.