## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A31279

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

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INDEPENDENT DEVELOPMENT COMPANY, L.P. OF	
KISSIMMEE, LIMITED PARTNERSHIP	

Mailing Andrews   Principal Cellion Andrews   128 N. TISTIN AVE   129/1997   38. Date of Scalety of Formation   56. Capable Cellion Science for according to the Scien	KISSIMMEE, LIMITED PARTNE	ERSHIP					
1216 N. TUSTINI AVE ORANGE CA 82067  ORA	Mailing Address	Principal Office Address	ncipal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
2. Mailting Address  2. Principal Office Address  2. Principal Office Address  2. Sulfa, Apt. 8, etc.  5. FEI Number  33-0442485  7. Confidence of Status Decided  8. Make offices, paycale to: Dept. of State (See Inverses addre for Fee Registered Registered Registered Agent Address of Current Registered Agent Office  WILLIAMS, JIMMIE D  15 IS MICHIGAN AVE.  KISSIMMEE FL. 94744  Sulfa, Apt. 8, etc.  City  FL  25 Code  10. If changed, now Registered Agent Accepting Agent Office  WILLIAMS, JIMMIE D  10. If changed, now Registered Agent Accepting Agent Office  WILLIAMS, JIMMIE D  10. If changed, now Registered Agent Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  WILLIAMS, JIMMIE D  Street Address (PC. Box Number to Not Accepting Agent Office  To Not Accept to Not Accepting Agent Offi					03/11/1991 \$7,500.00		
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Name Street Address (P.O. Box Number to Not Acceptable)  Street Address (P.O. Box Number to Not Acceptable)  Street Address (P.O. Box Number to Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  FL	9 11	-A The state of A securit	<del></del>		10 If shanged your Depictors	1 Agant (Office	
Strock Address (P.O. Box Number is Not Acceptable)  Suits, Apt. 8, sits.  City  FL  Zip Code  Total provisions of sections 820.1951 and 820.192, Floridal Statutes, the above-mandel 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 this State of Floridal. Such change was authorized by its general partner(s). I hareby accept the appointment of registered agent, and accept the obligations of section 820.192, Floridal Statutes.  SIGNATURE (Registered Agent Acceptancy 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. Address of Each General Partner (no NOT Use Proof Office Box Numbers)  INDEPENDENT DEV. CO. INC  1216 N. TUSTIN AVE.  ORANGE CA 92867  P34058  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 supplied with this filing is voluntarity fundament and does not qualify for the overapion supplied is desined example from public ascess. Hurther certify that the information included 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 avecute the proof as required by chapter 620, Florida Statutes.  DATE  ATE A 22-98  SIGNATURE  PARTNER THAT IS DEVICED.  Substitute the provision supplied is desined example from public ascess. Hurther certify that I am a General Partner of the limited partnership, receiver or trustee empowered to avecute the proof as required by chapter 620, Florida Statutes.		mt Registered Agent	Name		10. It changed, new Registered	Agentronice	
10a. Pursuant to the provisions of sections \$20.1051 and \$20.1052. Florids Statutes, the above-nersed limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its 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, it am familiar with, and accept the obligations of section \$20.192, 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. Address of Each General Partner  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City State & Zip Code  11c. Registration/ Document Number  11b. City State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Partner(s)  11d. Name(s) of General			Street Address (				
10a. Pursuant to the provisions of sections 820.1051 and 820.192, Florida Statutes, the above-named limited partnership organized or registared under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffice or registared agent, or both, in this State of Florida. Such change was authorized by its general partner(s). Hereby accept the appointment of registered agent, and the purpose of changing appointment of registered agent. Partner agent, and the purpose of changing appointment of registered agent. The purpose of changing agent the purpose of changing agent the purpose of changing agent	KISSIMMEE FL 34744	•	Suite, Apt. #, etc				
10a. Pursuant to the provisions of sections 620.1951 and 620.1952, Florida Statutes, the above-named limited parthership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing is registered agent, or both, in title State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, in the purpose of changing is registered agent, or both, in title 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. Registratory DRANGE CA 92867  P34058  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 Information supplied with this filling is voluntarity furnished and does not qualify for the exemption state in formation 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, roceiver or trustee empowered to execute by report as required by chapter 620, Trades Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DATE			City		<del></del>	FL	Zip Code
11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration Document Number  11b. City, State & Zip Code  11c. Registration Document Number  11c. Pagistration Document Number  12fe N. TUSTIN AVE.  ORANGE CA 92867  P34058  P34058  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 exampt 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 arn a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  SIGNATURE Accurate  12. I was a supplied with the information supplied in deemed exampt from public access. I further certify that I arn a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  DATE Access Zip Code  11c. Registrator Decided with sumber and supplied and supplied in the page 20 page	A GENERAL PARTNER THA				NERSHIP OR OTHE	R BUS	NESS ENTITY
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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 incleated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under certify that I are a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  SIGNATURE AND						11c.	Registration/ Document Number
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SIGNATURE Jimme Grow Cleans DATE 12-21-98	12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with	this filing is voluntarily furnished and does not the Section 119.07(3)(k) in the event that the in	t qualify for the exem formation supplied is	nption si s deame	tated in Section 119.07(3)(k), Florida S	tatutes. I relea	ase the Division of e information indicated on
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