

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 11 PM 2: 15

1. Name of Limited Partnership

1a. DOCUMENT #
A31449

**FLORIDA MORTGAGE ASSOCIATES, L.P. LIMITED PARTNE
RSHIP**



Mailing Address

Principal Office Address

C/O COLE, SCHOTZ, BERNSTEIN, ET AL
25 MAIN STREET
HACKENSACK NJ 07602

C/O COLE, SCHOTZ, BERNSTEIN, ET AL
25 MAIN STREET
HACKENSACK NJ 07602

3. Date Formed or Registered

04/19/1991

5a. Capital Contributions as Shown on record.

\$1,150,000.00

3a. Date of Last Report

11/01/1995

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

4. State or Country of Formation

NJ

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

22-3058483

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

GROSSER, LAWRENCE
C/O FIRST NATIONAL INVESTMENTS, INC.
2311 LEE ROAD
WINTER PARK FL 32789

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 (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

FIRST NAT. INV., INC.

2311 LEE ROAD

WINTER PARK FL

F97055

ZCS, INC.

%COLE, 25 MAIN STREE

HACKENSACK NJ

F93000000879

L.J.A.R. ASSOC., INC.

%MINTZ, 60 ROUTE 46

FAIRFIELD NJ

F93000000880

900002096919--3
-02/25/97--01103--007
***550.00 ***550.00

New Fees

cus/KWM

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

2/7/97

Typed or Printed Name of General Partner Signing Form

Joel Rosenfeld, President L.J.A.R.

Daytime Telephone Number

201-882-1100