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**

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

DOCUMENT # 1a.

97 JAN -7 AM 9: 07

SECRETARY OF STATE TALLAHASSEE.FLORIDA

| A31628ORLANDO PREDATORS, LIMITED PARTNERSHIP | | | | | T HEREN HERE HUND HORE HERE HERE HER BIGHT BLEH BIGHT BIRTH | | | |
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| | | | | | | | | |
| | | | | | | | SR / 15 | |
| Mailing Address | | Principal Office Address | | 3 | Date Formed or Registered | 5a. Capital Contributions as Shown on record. | | |
| P.O. BOX 1100 WINDERMERE FL 34788-1100 US | | 20 N. ORANGE AVE. | 20 N. ORANGE AVE. ORLANDO FL 32801 US | | 06/04/1991 | \$300,010.00 | | |
| | | | | | 38. Date of Last Report 01/08/1996 | | V OVOIO IOIOO | |
| | | 00 | | | | | 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Mailing Addre | ess | 2a. Principal Office Address | 2a. Principal Office Address | | State or Country of Formation | #300,010.00 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc | | , FEI Number | Applied For | | |
| City & State | | City & State | City & State | | 59-3060456 | | Not Applicable | |
| - | | | Zip Country | | Certificate of Status Desired | \$8.75 Additional Fee Regulred | | |
| Zip | Country | Zip | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| | | | | | | | | |
| | 9. Name and Address of Currer | nt Registered Agent | tered Agent 10. If changed, new Registered Agent/Office | | | | | |
| HARRIS, MA | | | Street Address (Suite, Apt. #, etc. | | s (P.O. Box Number Is Not Acceptable) | | | |
| ORLANDO F | 255 S. ORANGE AVE. | | | | | | | |
| OI IDANOO T | L 52001 | | | | Zip Code | | | |
| | | | | | | <u>FL</u> | | |
| for the purp | ose of changing its registered office o | nd 620.192, Florida Statules, the above-nar or registered agent, or both, in the State of F ins of section 620.192, Florida Statutes | med limited partn Florida, Such chai | ership organize nge was author | ed or registered under the laws of the ized by its general partner(s). I here | ne State of Florida, su eby accept the appoi | nomits this statement intment of registered | |
| 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. (Do NOT Use Post Office | | 11b. | City, State & Zip Code | 11c. _{Do} | Registration/ cument Number | |
| FIFTY SPO | RTS, INC. | 603 MAIN ST. | 603 MAIN ST. | | WINDERMERE FL | | V50877 | |
| PRO-VISION | N, INC. | 3736 S. LAKE ORLAN | 3736 S. LAKE ORLANDO | | ORLANDO FL | | L23121 | |
| ť | | | | | 200002 -01/18 | 06105 297011 | 521 6006 | |
| | | | | | **** | 76.25 ** | **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 are 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

F. Fty Spects Inc.