

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 23 AM 9:20



1. Name of Limited Partnership
CAREFREE CENTER, LTD.

1a. DOCUMENT #
A31742

2. Mailing Address
441 E. CENTRAL AVE
Suite, Apt. #, etc.
City & State
WINTER HAVEN, FL.
Zip
33880 Country
POLK

2a. Principal Office Address
441 E. CENTRAL AVE
Suite, Apt. #, etc.
City & State
WINTER HAVEN, FL.
Zip
33880 Country
POLK

3. Date Formed or Registered
07/10/1991

3a. Date of Last Report
12/26/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$15,000.00

5b. Amount of Capital Contributions in FL ORIDA to date:

6. FE Number
59-3090376 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
PHILIP, DIONNE C
441 E. CENTRAL AVE.
WINTER HAVEN FL 33880

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
DIONNE, PETER	7000 LUCERNE PARK RD,	WINTER HAVEN FL	500002043685--8 -01/03/97--01004--005 ****243.75 ****243.75

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 _____
Typed or Printed Name of General Partner Signing Form **PETER DIONNE** Daytime Telephone Number **(941) 294-2812**

CR2E003 (6/96)