

FILED OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN 16 AM 10:11

1. Name of Limited Partnership

1a. DOCUMENT #  
A31995

FLORIDA MASTERS COLLECTION, LTD.



09/1/22

Mailing Address

Principal Office Address

3013 CREEKSIDE CT.  
SEBRING FL 33872

3013 CREEKSIDE COURT  
SEBRING FL 33872

3. Date Formed or Registered

09/18/1991

5a. Capital Contributions as Shown on record.

\$30,000.00

3a. Date of Last Report

01/03/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3084414

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

FITCH, MICHAEL D.  
639 GARLAND, AVENUE  
SEBRING FL 33872

10. If changed, new Registered Agent/Office

Name: MICHAEL D. FITCH  
Street Address (P.O. Box Number Is Not Acceptable): 3013 CREEKSIDE CT.  
Suite, Apt. #, etc.:  
City: SEBRING FL Zip Code: 33872

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)

*Michael D. Fitch*

DATE 12-11-97

**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)

FITCH, JAMES E.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

13300 U.S. 98

11b. City, State & Zip Code

SEBRING FL

11c. Registration/Document Number

300002412563--2  
-01/27/98--01012--001  
\*\*\*\*298.75 \*\*\*\*298.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

*J.F. Fitch*

DATE

12-11-97

Typed or Printed Name of General Partner Signing Form

J.F. FITCH

Daytime Telephone Number

941 655 0392

CR2E003 (6/97)