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

98 DEC 14 AM 7:59

				20 0 0 0 0		1400	
1. Name of Limited Partnership	1a. DOCUMENT # A32290					12/18	
PETER PAN ASSOCIATES, LTD).						
Mailing Address 111 E. BOCA RATON RD. BOCA RATON FL 33432	Principal Office Address 111 E. BOCA RATON RD. BOCA RATON FL 33432		3. Date Formed or Registered 11/26/1991 3a. Date of Last Report 12/30/1997		5a. Capital Contributions as Shown on record. \$250.00		
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.			4. State or Country of Formation FL 6. FEI Number	5b. Amount of Capital Contributions in FLORIDA to date:		
City & State	City & State			65-0299917 7. Certificate of Status Desired		Applied For Not Applicable \$8.75 Additional	
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
TALBOTT, GREGORY K 111 E. BOCA RATON RD. BOCA RATON FL 33432		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 for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flori of section 620.192, Florida Statutes.	da. Such change	e was autho	rízed by its general partner(s). I hereby	accept the ap	pointment of registered	
A GENERAL PARTNER THAT MUST	IS A CORPORATION, I BE REGISTERED AN	D ACTIV	E WIT	H THIS OFFICE.	K BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
PETER PAN ASSOCIATES INC	111 E. BOCA RATON RD	30CA RATON RD.		BOCA RATON FL		S96501	
					'9301	0332 063-001 ****150.00	
Note: General partners MAY NOT	be changed on this form	ı; an ame	ndmer	nt must be filed to cha	nge a ge	eneral partner.	
12, I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S	section 119.07(3)(k) in the event that the inf	ormation supplie	ed is deeme	d exempt from public access. I further o	ertify that the	information indicated on	

this annual report is true and accurate and that my signature shall have the san empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number