

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
1. Name of Limited Partnership	1a. DOCUMENT # A32373	
AIRPORT TERMINAL ASSOCIATES, LTD.		
Mailing Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON FL 33431	Principal Office Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON FL 33431	3. Date Formed or Registered 12/18/1991
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	5a. Capital Contributions as Shown on record. \$990.00
City & State Zip	City & State Zip	3a. Date of Last Report 12/15/1997
Country	Country	4. State or Country of Formation FL
6. FEI Number 65-0318195		6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>		7. Certificate of Status Desired \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent HERRICK, NORTON 2295 CORPORATE BOULEVARD NW SUITE 222 BOCA RATON FL 33431		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) HC TERMINAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2295 CORPORATE BLVD,	11b. City, State & Zip Code BOCA RATON FL	11c. Registration/ Document Number V00955 200002721172--9 12/23/98-01074-009 ****150.00 ****150.00 AL DEC 21 1998

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 **12/1/98**

Typed or Printed Name of General Partner Signing Form **Norton Herrick Pres HC Terminal Inc** Daytime Telephone Number **561-241-9880**