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

A32771

PREMIERE HOLDINGS OF SOUTH FLORIDA, LTD.



FILED SECRETARY OF STATE DIVISION OF ONE OF ATTIMS

96 NOV -8 Pil 4: 06

Mailing Address NKRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 S. HOLLYWOOD FL 33021-6747	Principal Office Address C/O KRAMER & ZUCKER 4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021		3. Date Formed or Registered 04/02/1992 38. Date of Last Report 10/19/1995 4. State or Country of Formatic	5a. Capital Contributions as Shown on record \$990.00 5b. Amount of Capital Contributions in FLORIDA to date			
2. Mailing Address	2a. Principal Office Add	ress	FL	990.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc		6. FET Number 65-0323748	Applied For Not Applicable			
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional			
Zip Country	Zip	Country	8. Make check payable to De	Fee Required pt. of State (See revelse side for fee information)			
9. Name and Address of C		10. If changed new Registered Agent/Office					
agent I am familiar with, and accept the oblications of the state of t	51 and 620 192. Florida Statutes the aborice or registered agent, or both, in the Statutes of section 620 192, Florida Statutent). AT IS A CORPORATIONST BE REGISTERE!	Suite. Apt. City City Only Only City Only City	ership organized or registered under the law rige was authorized by its general partner(s)	Thereby accept the appointment of registered			
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post		11b. City, State & Zip Code	11c. Registration/ Document Number			
REED, HAROLD	1111 KANE CON	COURSE,#	BAY HARBOR ISLAND FL SCICICI -11/ ***	20053585 15/36-01007013 *131.25 ****191.25			

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Tratease 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 _ Carola m Land Typed or Printed Name of General Partner Signing Form _ Harold Reed

DATE 10/30/96

Daytime Telephone Number 30 5 86 5 -2000



SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

Ti	he un	dersigned,	constitu	iting all	of	the	general	partners	of
Greme	is she	dino 1	buth 7	LAL		a Flor	ida Limit	ted Partners	hip,
								orida Statutes	
Tł	he total	amount o	of capital	contribut	ions o	of the	limited	partnership	is
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Τł	nis 36	_day of _ 🔿	ctober)99 . 1995	(a 	•			
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are true,	to the b	est of my kn	owieuge ai	ia bellel.					
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Fees: \$7 per \$1000. based on the additional contributions Minimum \$52.50 - Maximum \$1750

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