

FILE ON 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
97 DEC 26 PM 12:49

1. Name of Limited Partnership

1a. DOCUMENT #
A32779

WATERMILL EXPRESS I LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

~~600 BYPASS DRIVE, SUITE 215~~

~~600 BYPASS DRIVE, SUITE 215~~

~~CLEARWATER FL 34624~~

~~CLEARWATER FL 34624~~

Box 1096

Dunedin Fla 34697

Box 1096

Dunedin Fla. 34697

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

03/27/1992

3a. Date of Last Report

12/17/1996

4. State or Country of Formation

DC

6. FEI Number

54-1622378

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$60,000.00

5b. Amount of Capital Contributions in FLORIDA to date

\$60,000.00

9. Name and Address of Current Registered Agent

THORN, W. THOMPSON, III
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

500002395905-4

-01/09/98-01083-010

*****523.75 FL ***523.75**

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

VS HOLDINGS, INC.

~~600 BYPASS DRIVE, SUITE 215~~

c/o
Thorn, W. Thompson III
101 East Kennedy Blvd
Suite 2800
Tampa, 33602

~~CLEARWATER FL 34624~~

Tampa 33602

P37959

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

Victor Strauss Pres. V.S. Holdings Gen. Part

DATE

9/28/97
873-447-1968

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)