

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 DEC 19 PM 2:20

1. Name of Limited Partnership

1a. DOCUMENT #  
**A32894**

**FRAMCO ENVIRONMENTAL TECHNOLOGIES, LIMITED PARTNERSHIP**



Mailing Address

1856 APEX ROAD  
SARASOTA FL 34240

Principal Office Address

1856 APEX ROAD  
SARASOTA FL 34240

3. Date Formed or Registered

05/21/1992

5a. Capital Contributions as Shown on record

\$145,454.00

3a. Date of Last Report

03/29/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

CT

6. FEI Number

06-1134253

☐ 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

SHAW, TIM  
C/O KIRK-PINKERTON  
720 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

np 12/24

10. If changed, new Registered Agent/Office

Name **JOHN HARLEE**  
**HARLEE PERKES HAMLIN ROUNDEL BROS - PRINCIPAL P. A.**  
Street Address (P.O. Box Number Is Not Acceptable)  
**P. O. Box 95502**  
Suite, Apt., etc.  
City **BRADENTON** FL Zip Code **34806**

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)

FRINGS AMERICA, INC.

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

341 WEST REMINGTON BL

11b. City, State & Zip Code

BOLINGBROOK IL 60440

11c. Registration/Document Number

F96000001623

20000203442-2  
-12/27/96-01105-020  
\*\*\*\*576.25 \*\*\*\*576.25

**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 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

*[Signature]*

DATE

12/12/96

Typed or Printed Name of General Partner Signing Form

DR. ENENKEL

Daytime Telephone Number

CR2E003 (6/96)