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

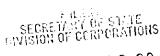
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

Name of Limited Partnership.

1a. DOCUMENT # **A33559**

NANCY RW FAMILY PARTNERSHIP LTD



95 DEC 19 PH 2: 20



Ding Address 5700 70TH AVENUE NORTH	Principal Office Address 5700 70TH AVENUE NORTH PINELLAS PARK FL 34665		3. Date Formed or Registered 10/19/1992 3a. Date of Last Report 12/18/1995		5a. Capital Contributions as Shown on record \$0.00 5b. Aniount of Capital Contributions in FLORIDA			
PINELLAS PARK FL 34665								
. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		State or Country of Formation	0.00			
uite, Apt #, etc.	Suite, Apt #, etc.		6.			Applied For Not Applicable		
ity & State	City & State		7.	Certificate of Status Desired		\$8.75 Additional		
Country 3781	33781	Country	8	Make check payable to Dept	of State (See reve	Fee Required erse side for fee informa		
O Name and Address of Co	urrent Degletered Apont			10 If changed new Register	ed Adeat/Office			
9. Name and Address of Current Registered Agent WYGLE, NANCY R		10. If changed, new Registered Agent/Office Name						
5700 70TH AVENUE NORTH	· VAR			Street Address (P.O. Box Number is Not Acceptable)				
PINELLAS PARK FL 34665	Jala 4 Suite, Apt #		etc					
		City				Zip Code 33781		
0a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off	51 and 620 192. Florida Statutes, the above rules or registered agent, or both, in the State of	named limited partners if Florida, Such chance	ship organizer e was authori	d or registered under the laws of zed by its general partner(s). The	the State of Flori	da, submits this stateme		
for the purpose of changing its registered off agent if am familiar with, and accept the objection of the second s	ice or registered agent or both, in the State of gations of section 620 192, Florida Statutes int)	of Flurida Such change	e was author.	DAT ERSHIP OR OTH	ereby accept the	da, submits this statem appointment of register		
for the purpose of changing its registered off agent 1 am familiar with, and accept the objection of the control of the contro	ice or registered agent or both, in the State of gations of section 620 192, Florida Statutes int) AT IS A CORPORATION UST BE REGISTERED A	I, LIMITED F	PARTNE WITH	DAT ERSHIP OR OTH	ereby accept the	da, submits this statema appointment of register NESS ENTIT Registration/		
for the purpose of changing its registered off agent if am familiar with, and accept the objection of the second s	ice or registered agent or both, in the State of gations of section 620 192, Florida Statutes int)	I, LIMITED F AND ACTIVE Copera: Partner (ce Box Numbers)	PARTNIE WITH	DAT ERSHIP OR OTH THIS OFFICE.	ER BUSI	da, submits this statem appointment of register		

1do hereby certify that the information supplied with this liting is voluntarily furnished and does not qualify for the exemption stated in Section. 119 07(3)(k). Fiorida 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 more add on this annual report is true and accurate and that my's gnature 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 trusted empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE - Wancy wryle

DATE __ 12-4-96

Typod or Printed Name of General Partner Signing Form Nancy wygk, Pres. Nancy Rucop Daytin & Telephone Number \$13-545-956