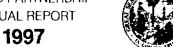
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 31 AM 9: 28

	A9300000141						
PERCO INVESTMENT COMPANY, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record		
949 KING AVENUE COLUMBUS OH 43212	4500 PGA BLVD SUITE 302 PALM BEACH GARDENS FL 33418  28. Principal Office Address		]	02/12/1993	\$7,000,000-00  5b. Amount of Capital Contributions in FLORIDA to date:		
COLUMBUS OF SELE				3a. Date of Last Report 12/11/1995			
2. Mailing Address				4. State or Country of Formation			
				FL	\$6,283,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6, FE! Number 65-0388177	Applied For Not Applicable		
City & State	City & Stale			7. Certificate of Status Desired \$8.75 Additional			
Zip Country	Zip Country			Fee Required      Nake check payable to Dept. of State (See reverse side for fee .nformation)			
			<u>l</u>	10 41			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name				
MAY, CYLESTE 4500 PGA BOULEVARD, SUITE 302 PALM BEACH GARDENS FL 33418		Street Address (P.O. Box Number <b>Extra No. 1997</b> 1997 1997 1997 1997 1997 1997 199					
		Suite, Apt. #, etc. ####\$76.25 ####\$76.25					
	•	City			FL	Zip Code	
agent Tam familiar with, and accept the obligation:  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT		MITED	PART	NERSHIP OR OTHE	R BUS	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
					_		
VERCO MANAGEMENT COMPANY, IN	4500 PGA BLVD., SUITE		PALM BEACH GARDENS FL		P93000010844		
Note: General partners MAY NO	The changed on this form	, en em	endme	nt must be filed to ch	anga a c	eneral nartner	
12. I do hereby certify that the information supplied with I		·				·	
Corporations from any liability of non-compliance with this annual report is true and accurate and that my significance of the corpowered to execute this rev. E.R. G.Oredya.N.	i Section 119 07(3)(k) in the event that the info gnature shall have the same logal effects as if	ormation supp made/under INC	ol•ed ∗s deen oath. I furth	ned exempt from public access. I furti er certify that I am a General Partner o	her certify that of the limited p	the information indicated on artnership, receiver or trustee	
SIGNATURE BY	101 war	· , Pr	esider	nt DATE	12/23/	96	

Typed or Printed Name of General Partner Signing Form Carlyle M. Baker, President Daytime Telephone Number 614 421-7500