

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


FILED

96 DEC 13 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/17

LIMITED PARTNERSHIP ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership S. FORK, LTD.		1a. DOCUMENT # A93000000144	
Mailing Address % SOUTH FORK, LTD. POST OFFICE BOX 5252 LAKELAND FL 33807		Principal Office Address 5015 SOUTH FLORIDA AVENUE LAKELAND FL 33813	
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 02/09/1993	
		3a. Date of Last Report 12/27/1995	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$100.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 59-2418111 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$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 McFARLANE, PETER A. 5015 S. FLORIDA AVE. SUITE 215 LAKELAND FL 33813-6559		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) A & M BUSINESS PROPERTIES, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5015 S. FLORIDA AVE.	11b. City, State & Zip Code LAKELAND FL 33813	11c. Registration/Document Number P29845
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-12/18/95--01024--003
*****200.00 *****200.00

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 _____

DATE

12-10-96

Typed or Printed Name of General Partner Signing Form

Raymond L. Monts

Daytime Telephone Number

941-647-1581

0008468

CR2E003 (6/96)