## 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

		<b>10.00</b>			36 NOA <b>50</b>	PN 3:48	
1. Name of Limited Partne	ership		<sup>18</sup> A93000000	613			
rampa festiv	AL CENTRE	E LIMITE	ED PARTNERSHIP	97-P	1 NOTION (NO IDIOS YILIH DOM) D	1714 OCINI OCINI OCINI OCINI 34781 AISEE SAN 1881.	
Malling Address C/O KONOVER & ASSOCIATES SOUTH. INC. 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433		ì.	Principal Office Address C/O KONOVER & ASSOCIATES SOUTH, INC. 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433		3. Date Formed or Registered 06/10/1993 3a. Date of Last Report 09/22/1995	5a. Capital Contributions as Shown on record. \$742,811.00	
2. Mailing Address	Address 2a. Principal Office Addr		a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			6. 65 04 15826	742,8/1. © Applied For Not Applicable	
City & State			City & State  Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country				8. Make check payable to. Dept. o	of State (See reverse side for fee information)	
9.	Name and Address of	Current Regis	tered Agent	Ţ	10, If changed, new Registers	ed Agent/Office	
ASHENFELTOR, MARIA				Name			
C/O KONOVER & ASSOCIATES SOUTH			Street Address (P.O.)		P.O. Box Number Is Not Acceptable)	Box Number Is Not Acceptable)	
7000 WEST PALM	1		08			0212038	
<b>BOCA RATON FL</b>			Suite, Apt. #, etc.		-12/05		
10a. Pursuant to the pro	visions of sections 520.				*************************************	FL the State of Florida, submits this statement	
10a. Pursuant to the profor the purpose of agent. I am familiar	ovisions of sections \$20. changing its registered with, and accept the o yent Accepting Appointr	office or registe obligations of se- tment)	ored agent, or both, in the State of Flor ction 620.192, Florida Statutes.	d limited partnershi ida. Such change v	p organized or registered under the laws of vas authorized by its general partner(s). I he	FL   the State of Florida, submits this statement reby accept the appointment of registered	
10a. Pursuant to the pro- for the purpose of a agent. I am familiar SIGNATURE (Registered Ap	ent Accepting Appointr	office or registe obligations of ser  ment)  THAT IS A MUST B	ored agent, or both, in the State of Flor ction 620.192, Florida Statutes.  A CORPORATION, LE REGISTERED AN	d limited partnershirlda. Such change v	p organized or registered under the laws of the vas authorized by its general partner(s). I he DATE  ARTNERSHIP OR OTHE WITH THIS OFFICE.	The State of Florida, submits this statement reby accept the appointment of registered	
10a. Pursuant to the profor the purpose of agent. I am familiar	wisions of sections 520, changing its registered r with, and accept the o yent Accepting Appointr PARTNER T	office or registe obligations of ser  ment)  THAT IS A MUST B	A CORPORATION, LE REGISTERED AN  11a. (Do NOT Use Post Office Br	d limited partnershi ida. Such change v  LIMITED P/ D ACTIVE I Partner x Numbers) 1:	p organized or registered under the laws of the vas authorized by its general partner(s). I he	FL   the State of Florida, submits this statement reby accept the appointment of registered	
10a. Pursuant to the protor the purpose of agent. I am familiar SIGNATURE (Registered Ap A GENERAL	ovisions of sections 520.  changing its registered with, and accept the original section of the pent Accepting Appoint PARTNER T  eral Partner(s)	office or registe obligations of ser  ment)  THAT IS A MUST B	ored agent, or both, in the State of Flor ction 620.192, Florida Statutes.  A CORPORATION, LE REGISTERED AN	d limited partnershi ida. Such change v  LIMITED P/ D ACTIVE I Partner x Numbers) 1:	p organized or registered under the laws of the vas authorized by its general partner(s). I he DATE  ARTNERSHIP OR OTHE WITH THIS OFFICE.	the State of Florida, submits this statement reby accept the appointment of registered  Registration/	
10a. Pursuant to the profor the purpose of agent. I am familiar SIGNATURE (Registered Ag A GENERAL Name(s) of Gene	ovisions of sections 520.  changing its registered with, and accept the original section of the pent Accepting Appoint PARTNER T  eral Partner(s)	office or registe obligations of ser  ment)  THAT IS A MUST B	A CORPORATION, LE REGISTERED AN  11a. (Do NOT Use Post Office Be	d limited partnershi ida. Such change v  LIMITED P/ D ACTIVE I Partner x Numbers) 1:	p organized or registered under the laws of the vas authorized by its general partner(s). The DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.  Ib. City, State & Zip Code	the State of Florida, submits this statement reby accept the appointment of registered  Registration/ Document Number	
10a. Pursuant to the profor the purpose of agent. I am familiar  SIGNATURE (Registered Ag  A GENERAL  11. Name(s) of Gene  KONOVER MOBIL	evisions of sections \$20.  changing its registered revith, and accept the original points of the point of the	a office or registe obligations of se	A CORPORATION, LE REGISTERED AN  11a. (DO NOT USE POST OFFICE BY  #408	d limited partnershi ida. Such change v IMITED PA D ACTIVE I Partners 11.	p organized or registered under the laws of the vas authorized by its general partner(s). The DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.  Ib. City, State & Zip Code	the State of Floride, submits this statement reby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  L82258	
10a. Pursuant to the profor the purpose of agent. I am familiar  SIGNATURE (Registered Ag  A GENERAL  11. Name(s) of Gene  KONOVER MOBIL  12. I do hereby certify the Corporations from an this annual report is to	partners MAY at the information supply gliability of non-comply liability of non-comply	Y NOT be filled with Selfin sience with Sections of the selfin se	changed on this form g is voluntarily furnished and does no on 119.07(3)(k) in the event that the e half here the same legel effects as	d limited partnershirida. Such change v  LIMITED PACTIVE  PACTIVE  I Partner  X Numbers)  1:  O PARK,	p organized or registered under the laws of the vas authorized by its general partner(s). I here with the property of the with the property of the with the property of the pr	the State of Florida, submits this statement reby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  L82258  ange a general partner.  a statutes. I release the Division of	
10a. Pursuant to the profor the purpose of agent. I am familiar SIGNATURE (Registered Ag A GENERAL  11. Name(s) of General KONOVER MOBIL  12. I do hereby certify the Corporations from an this annual report is the empowered to execu	partners MAY  at the Information supply liability of non-compliance and accurate and the this report as require	Y NOT be  died with this filinance with Scott hat my signature ed by chapter 8	changed on this form g is voluntarily furnished and does no on 119.07(3)(k) in the event that the e half here the same legel effects as	d limited partnershirida. Such change v  LIMITED PACTIVE  PACTIVE  I Partner  X Numbers)  1:  O PARK,	p organized or registered under the laws of the vas authorized by its general partner(s). I here with the property of the with the property of the with the property of the pr	the State of Florida, submits this statement reby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  L82258  ange a general partner. a Statutes. I release the Division of ther certify that the information indicated on	
10a. Pursuant to the profor the purpose of agent. I am familiar  SIGNATURE (Registered Ag  A GENERAL  11. Name(s) of Gene  KONOVER MOBIL  7  Note: General  12. I do hereby certify the Corporations from an this annual report is to	partners MAY at the Information supply ly liability of non-compliance and accurate and the this report as require	Y NOT be  Video with this filiniance with Sections of	changed on this form  g is voluntarily furnished and does not on 1907(3)(k) in the event that the ine shall have the same legal effects as 20, Florida Statutes.	d limited partnershirida. Such change value of the change value of the change value of the change value of the change of the cha	p organized or registered under the laws of the vas authorized by its general partner(s). I here with this office.  ARTNERSHIP OR OTHE WITH THIS OFFICE.  Ib. City. State & Zip Code  BOCA RATON FL 33433  Comment must be filled to champton stated in Section 119.07(3)(k), Florida is deemed exempt from public access. I further certify that I am a General Partner of the comment of th	the State of Florida, submits this statement reby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  L82258  L82258  L82258  L82258  Lange a general partner.  a Statutes. I release the Division of ther certify that the information indicated on of the limited partnership, receiver or trustee	