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

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

empowered to execute this report as required by ch

Typed or Printed Name of General Partner Signing Form

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

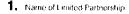
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

96 DEC 23 AM 11: 12

intro



1a. A93000000709

	A9300000709			
PALLAS FAMILY LIMITED PA	ARTNERSHIP		1 (83) 81 (88) 8 (8100) 1111 8 8111 (ISAN ODIN OLUN BANA Sa na Yogun Olub Yan 188
Maling Address 862 CYPRESS LAKE CIRCLE FT. MYERS FL 33919	Principal Office Address 1508 S.E. 17TH AVENUE. SUITE 5	•		5a. Capital Contributions as Shown on record.
FI. MIENO FE SOSIS	ONTE COMPLETE 33550		3a. Date of Last Report 12/29/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	for date:
Suite, Apt #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Co	ountry		Fee Required State (See reverse side for fee informatio
9. Name and Address of Cu	urrent Registered Agent		10. If changed new Registere	d Agent/Office
ROZINAK, WILLIAM E 862 CYPRESS LAKE CIRCLE FT. MYERS FL 33919		Name Street Address (P.O. Box Number Is Not Acceptable)		
		10a. Pursuant to the provisions of sections 620 108		
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig	ice or registered agent, or both, in the State of Florida	i. Such change was	authorized by its general partner(s). I her	eby accept the appointment of registered
S:GNATURE (Registered Agent Accepting Appointmen	nt)		DA1E	No.
A GENERAL PARTNER TH	AT IS A CORPORATION, LINUST BE REGISTERED AND	MITED PAI ACTIVE V	RTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General Pa (Do NOT Use Post Office Box N	artner Jumbers) 11t	City, State & Zip Code	11c. Registration/ Document Number
ROZINAK, WILLIAM E	862 CYPRESS LAKE CIR.		FT. MYERS FL 33919	
			50 002 -61/03 ****1	0/4*507*50 /9701128009 31,25 ****191.25
•			Activation T	and a particular and a second of the second
Note: General partners MAY N	NOT be changed on this form;	an amendr	nent must be filed to ch	ange a general partner.
2 Lela harabu narbhi that tha information numbers	with this Copy or reductivity to enighed and above has a	and the state of the same	Fig. 11.1 - 4 - 12.1 - 14.0 07(0)(1). Fig. 14.	A

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 eath. I further certify that I am a General Partner of the Imited partnership, receiver or trustee