

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 MAR -7 AM 10:47



BK 3/7/97 (CvS)

1. Name of Limited Partnership FEMC, LTD.		1a. DOCUMENT # A93000000743	
Mailing Address 51 COMPASS LANE FT. LAUDERDALE FL 33308		Principal Office Address 6850 NW 12TH AVENUE FT. LAUDERDALE FL 33309	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 07/19/1993		5a. Capital Contributions as Shown on record. \$80,000.00	
3a. Date of Last Report 07/30/1996		5b. Amount of Capital Contributions in FLORIDA to date: \$80,000.00	
4. State or Country of Formation FL		6. FEI Number 65-0423625 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" 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 FEMC, INC. 51 COMPASS LANE FT. LAUDERDALE FL 33308		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, if applicable) Suite, Apt. #, etc. City 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) FEMC, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 51 COMPASS LANE	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/Document Number P93000033355
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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

Jacob Fast President
FEMC, INC. General Partner
DATE 3/7/97
Typed or Printed Name of General Partner Signing Form **Jacob Fast**

DATE

Daytime Telephone Number

954.979-3278

CR2E003 (11/96)