FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secrolary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -3 AMIL: 27

1. Name of Limited Partnership	1a. DOCUMENT # A9300000851			
PERI PROCTOR & ASSOCIATES			7	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
-1500 OYPRESS CREEK ROAD NO. 100	1500 GYPRESS CREEK ROAD NO. 403		08/11/1993 3a. Date of Last Report	\$5,000.00
EORT-LAUDERDALE FL \$3309	FORT LAUDERDALE FL 33309		11/25/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address 2400 N. FL. Margo N. Suite, Apt. #, etc.	28. Principal Office Address 2 400 V. FU Suite, Apt. #, etc.	. Mango Rd	6, FEI Number	Applied For
City & State W. Palm Bch, FL Zip Country 37409 USA	Cily & State Palm Bok, Zip 3409	FL Country USD	65-0425965 7. Certificate of Status Dosired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Flequired State (See reverse side for fee Information)
		<i></i>		
9. Name and Address of Current Registered Agent REED AND COMPANY, CHARTERED 1300 N. FEDERAL HIGHWAY, #102- BOCA RATON FL 83432		10. If changed, new Registered Agent/Office		
		Street Address (P.O. Box Number to Not Agreeptable) Suite, Apt #, etc. City City Coty Coty		
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations: SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT I MUST	of section 620.192, Florida Statutes.	IMITED PAR	DATE TNERSHIP OR OTHE	
11. Name(s) of Goneral Partner(s)	11a. Address of Each Genora	l Partner	City, State & Zip Code	11c. Registration/ Document Number
PROCTOR ENTERPRISES, INC.	4500 OYPRESS CREEK RE 2400 N. Flavid		RT LAUDERDALE FL 33 J. Pala B.ch., F.C. 3340 800002 -10/07	3137682 /3701040003
			dee	56.25 ****156.25
Note: General partners MAY NOT				
Corporations from any liability of non-compliance with S this annual report is true and accurate and that my sign empowered to execute this report of required by chapt	ection 119 07(3)(k) in the event that the inlature shall have the same legal effects as er 620, Florida Statutes.	formation supplied is dee if made under oath. I furt	emed exempt from public access. I furth ther certify that I am a General Partner o	er certify that the information indicated on fifthe limited partnership, receiver or trustee
SIGNATURE Let Inter Typed or Printed Name of General Partner Signing Form Po	as brendent of 6	K	DATE/	10-1-97
Typed or Printed Name of Goneral Partner Signing Form 1	A PROLTOR AS P.	Res of 6.1	Daytime Telephone Number	561-684-2360