## 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

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Elmited Partnership

empowered to execute this rep

Typed or Printed Name of General Partner Signing For

SIGNATURE .

**DOCUMENT #** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Mailing Address  2. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  3. Suite, Apt. #, etc.  4. State or Country   Applied For 59-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Not Applied For Sp-3201629   Applied For Sp-3		A9300000	A93000000952			
120 NTERSTATE N. PKWY. E. SUTH ORANGE AVENUE ORLANDO FL 32801  2. Mailing Address 2. Principal Office Address  2. Mailing Address 2. Suite, Apt. #, etc.  City & State  10. It changed, new Registered Agent/Office  PL  Surround of Captla Contity  To certificate of Status Desired  7. Certificate of Status Desired  9. Name and Address of Current Registered Agent  Name  BROCKMAN, CHRISTOPHER C ESO. 2 SOUTH ORANGE AVENUE ORLANDO FL 32801  10. It changed, new Registered Agent/Office  Surround of Registered Agent/Office  10. It changed, new Registered Agent/Office  Surround of Registered Agent/Office  PL  Zip Code  10. It changed, new Registered Agent/Office  PL  Zip Code  10. It changed, new Registered Agent/Office  Surround of Registered Agent/Office  PL  Zip Code  10. It changed, new Registered Agent/Office  10. It changed, new Registered Agent/Office  10. It changed, new Registered Agent/Office  Surround Address (P.O. Box Number is Not Acceptable)  Surround Address (P.O. Box Number is Not Acceptable)  To the purpose of changing its registered office or registered agent, or both in the State of Florids. Submits his size are general and the lieuw of the State of Florids, submits his size and the member of the purpose of changing its registered office or registered agent, or both in the State of Florids. Submits his size and the member of the me	JNIVERSITY PALMS FO	OOD ASSOCIATES, LTD.				
120 NTERSTATE N. PKWY. E. SUTH ORANGE AVENUE ORLANDO FL 32801  2. Malling Address  2a. Principal Office Address  Sulfe, Apt. #, etc.  City & State  City & State  City & State  City & State  Toenford Country  Zip  Country  Zip  Country  A Make check payable to Dept. of State Depreted Agent Office Address of Principal Office Address of Dept. of State Sta					W/ 1/6	
\$10,000.00  \$12/23/1996  \$10,000.00  \$12/23/1996  \$4, State or Country of Formation FL  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  B, Make check payable to Dept. of Status Desired FL  Suite, Apt. #, etc.  10, If changed, new Registered Agent/Office  BROCKMAN, CHRISTOPHER C ESQ. 2 SOUTH ORANGE AVENUE ORLANDO FL 32801  10, If changed, new Registered Agent/Office  Sireal Address (P O Box Number is Not Acceptable)  Si	Mailing Address	Principal Office Address	Principal Office Address		<b>5a.</b> Capital Contributions as Shown on record.	
ATLANTA OA 30339-2103  ORLANDO FL 32801  2. Mailling Address  2. Mailling Address  2. Mailling Address  2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Count					<b>\$10,000,00</b>	
2. Malling Address  28. Principal Office Address  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  To Country  Registered Agent of Status Desired  8. Make check payable to: Dept. of State (See reverse side for fee into the provisions of sections & 20 (161 and & 20 192 Fiorida Statutes.)  Size Apt. #, etc  City  Size Apt. #, etc  City  Apt. Address (P.O. Box Number is Nox Acceptable)  Size Apt. #, etc  City  FL  Zip Code  To Describe Address (P.O. Box Number is Nox Acceptable)  Size Apt. #, etc  City  FL  Zip Code  To Describe Agent Under the laws of the State of Fiorida, submits his state for the purpose of changing its registered dirice or registered agent, or both, in the State of Fiorida Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accept the obligations of section 620 192, Fiorida Statutes.  Signature: (Agentered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  120 INTERSTATE N. PKW  ATLANTA GA 30339  P30000065401	*****			,		
2. Malling Address   28. Principal Office Address   FL    Suite, Apt. #, etc.   Suite, Apt. #, etc.   6. FEI Number   Applied For Not Applied	MIDNING ON OUROPEIN	Official TE SECON			5b. Amount of Capital Contributions in FLORIDA	
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  To Country  8. Make check payable to: Dept. of Status Desired  8. Make check payable to: Dept. of State (See reverse side for fee info  9. Name and Address of Current Registered Agent  Name  BROCKMAN, CHRISTOPHER C ESQ. 2 SOUTH ORANGE AVENUE  ORLANDO FL 32801  Street Address (P O. Box Number is Not Acceptable)  Street Address (P O. Box Number is Not Acceptable)  Street Address (P O. Box Number is Not Acceptable)  Street Address (P O. Box Number is Not Acceptable)  To the purpose of changing its registered digent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA GA 30339  P93000065401	2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		10 date:	
City & State  To Country  Country  To	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Touring the Country   Zip   Country   Zip   Country   Sa.75 Addition Fee Required   Routined   Ro	City & State	v & State City & State		<b>59-3201629</b>	Applied For Not Applicable	
9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office    Street Address (P.O. Box Number is Not Acceptable)			Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
BROCKMAN, CHRISTOPHER C ESQ. 2 SOUTH ORANGE AVENUE ORLANDO FL 32801  Suite, Apt. #, etc  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statules, the above-named (mitted partnership organized or reg stered under the laws of the State of Florida, submits this state 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 Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA GA 30339  P33000085401	Zip Coontry	Σip	Country	8. Make check payable to: Dept. of	<del></del>	
BROCKMAN, CHRISTOPHER C ESQ. 2 SOUTH ORANGE AVENUE ORLANDO FL 32801  Suite, Apt. #, etc  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  ALL FOODS SERVICES, INC.  Name(e) Of Services, INC.				40		
2 SOUTH ORANGE AVENUE ORLANDO FL 32801  Suite, Apt. #, etc  City  FL  Zip Code  Total Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named Imited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its 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)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA GA 30339  P93000065401	9, Name and Addre	eas of Current Registered Agent	Name	1U. If changed, new Registere	d Agent/Office	
2 SOUTH ORANGE AVENUE ORLANDO FL 32801  Suite, Apt. #, etc  City  FL  Zip Code  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named fimited partnership organized or registered under the laws of the State of Florida, submits this stat 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 eppointment of registered agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA QA 30339  P93000065401		ESQ.	Street Address (P	O. Box Number Is Not Acceptable)		
City  City  FL  Zip Code  TOA. Pursuant to the provisions of sections 620.1051 and 620 192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, submits this state 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)  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Numb  P93000065401						
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 stat 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)  AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. Address of Each General Partner (b) Not Use Post Office Box Numbers)  ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA GA 30339  P93000065401	URLANDO FL 32801		Suite, Apt. #, etc			
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 state for the purpose of changing its 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 Accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA GA 30339  P93000085401			City		FL Zip Code	
ALL FOODS SERVICES, INC.  120 INTERSTATE N. PKW  ATLANTA GA 30339  P93000065401  D000240598-01085-002	for the purpose of changing its regis agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting Ap	etered office or registered egent, or both, in the State of It the obligations of section 620.192, Florida Statutes.  Proposition of the Corporation of the Corporati	Florida. Such change war	s authorized by its general partner(s). I here  DATE  RTNERSHIP OR OTHE	bby accept the appointment of registered	
000002406980 -01/21/9801085002	11. Name(s) of General Partner(s)			City, State & Zip Code	11c. Registration/ Document Number	
00002406980 -01/21/9801085002 ****173.75 ****173.7	ALL FOODS SERVICES, INC.	120 INTERSTATE N. PH	KW ATLANTA GA 30339		P93000085401	
				00002: -01/21: ****1	4069809 /9801085002 /3.75 ****173.75	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1 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. Frelease the Division of Corporations from any liability of representations that the information indicated on this annual report is true and accurage 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

R. GASPART