

**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 10 AM 9:42



1. Name of Limited Partnership ZID, LTD.		1a. DOCUMENT # A93000000996	
Mailing Address 951 SOUTH ANDERSON AVE POMMANO BCH FL 33069		Principal Office Address 951 S. ANDREWS AVE. POMMANO BCH. FL 33069	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 09/30/1993		5a. Capital Contributions as Shown on record. \$160,000.00	
3a. Date of Last Report 11/02/1995		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0442933 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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 FRIEDMAN, BRIAN 1100 N.W. 64TH STREET FT. LAUDERDALE FL 33309		10. If changed, new Registered Agent/Office Name SHIRLEY LITTLE Street Address (P.O. Box Number is Not Acceptable) 951 S. ANDREWS AVE Suite, Apt. #, etc. City POMMANO BEACH FL Zip Code 33069	
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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) *Shirley D. Little, Agent* DATE *3/3/97*

**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) WALLICK, GREGG E	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 951 S. ANDREWS AVE.	11b. City, State & Zip Code POMMANO BCH. FL	11c. Registration/Document Number 600002111816--5 -03/12/97--01113--003 ****103.75 ****103.75 600002111816--5 -03/12/97--01113--004 ****437.50 ****437.50
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dec 541.25 (new fees)

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 *Shirley D. Little CFO* DATE *2/18/97*