

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -1 PM 2: 30

SECRETARY OF STATE
FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A93000001062

FLORIDA SPECIALTY NETWORK, LTD.

Mailing Address

3106 COMMERCE PARKWAY
MIRAMAR FL 33025

Principal Office Address

3106 COMMERCE PARKWAY
MIRAMAR FL 33025

3. Date Formed or Registered

10/14/1993

5a. Capital Contributions as
Shown on record

\$30,000.00

3a. Date of Last Report

11/24/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

9320 SW 61st Ct

Suite, Apt. #, etc.

Miami FLA

City & State

33156 USA

Zip

Country

2a. Principal Office Address

9320 SW 61st Ct

Suite, Apt. #, etc.

Miami FLA

City & State

33156 USA

Zip

Country

6. FEI Number

65-0444541

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

GOTTLIEB, FREDRIC I
551 NW 77TH ST.
STE. 211
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

500002837535--5

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*****88.75 FL *****88.75

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)

FLORIDA SPECIALTY NETWORK, I

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3106 COMMERCE PARKWAY

11b. City, State & Zip Code

MIRAMAR FL 33025

11c. Registration/
Document Number

V42378

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*****210.00 *****210.00

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

DATE

3/28/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)