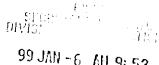
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNITAL DEDODT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham



1999	Secretary of State DIVISION OF CORPORATIONS		NS QQ IAM 6	7 E S
1. Name of Limited Partnership	1a. DOCUMENT # A9300001365		99 JAN -6	MH 9: 53
MYERS FAMILY LIMITED PA	ARTNERSHIP			
Mailing Address	- · · · Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
% Brothwell 36452 US Highway 19 N Palm Harbor Fl 34684	5534 GULF DRIVE SUITE 1 NEW PORT RICHEY FL 34652		12/10/1993 3a. Date of Last Report 01/02/1998	\$250,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formalini	to date
Suite, Apt. #, etc.	Suite, Apt. #, etc		6. Ft Number	☐ Applied For
City & State	City & State		59-3225197	Not Applicable
Z ₁ p Country	Zip	Country	7. Certificate of Status Desired 8. Make the Epoyabil to Dept of	\$8.75 Additional Fee Respond (State (See Treverse schedor fee information)
9. Name and Address of Current Registered Agent MYERS, MICHAEL A MD 5534 GULF DRIVE, SUITE 1 NEW PORT RICHEY FL 34652		Suite, Apt. #	Street Address (P.O. Bro. Number Is Not Acceptable) Suite, Apt. #, eb	
egent Tam familiar with, and accept the oblig- SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ue or registered agent, or both, in the S pations of section 620 192. Florida Stati nt) AT IS A CORPORAT	above named limited partial tale of Fronda Such chang stes	priwas authorized by its general partner(s). There CATE	by accept the appointment of registered
11. Name(s) of General Partner(s)			11b. Gity Stide 8 Zip Code	11c. Registration/
MYERS, MICHAEL A M.D.	5534 GULF DRIV	J	NEW PORT RICHEY FL 34	
•			5 30 40 40 40 12- - (17 / 25 - 4 4 4 4 5	17556161241
Note: General partners MAY N				

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 demand exempt from public a certify that the information indicated on this annual report is true and accurate and that my gignature 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 equired by chapter 620. Florida Statutes

Typed or Printed Name of General Partner Signing Form Michael A. Myers

DATE 12:31-98

Daytone Telephone Number 547-3992