## 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 Limited Partnership

**DOCUMENT#** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 14 AM 10: 49

1. (Adults of Pub/(40.) Surfice south	A93000001383					
DART CONTAINER COMPANY (	OF FLORIDA LIMITE	D PART	NE			
Mailing Address	Principal Office Address			3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.	
1952 FIELD ROAD SARASOTA FL 34231 ~ 2.31.5				12/13/1993 3a. Date of Last Report	\$9,796,382.00	
				12/03/1996	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address 4610 Airport Road			4. State or Country of Formation	9,796,382	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0454686	Applied For Not Applicable	
City & State	City & State Plant City, FL			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country 34231-2315	33567-1114	Country		8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Current R	egistered Agent			10. If changed, new Registere	d Apont/Office	
DART, WILLIAM A 1952 FIELD ROAD SARASOTA FL 34231	Namo 10002321951 -10/16/9701065008 Street Address (P.O. Box Number Is Not Acceptable ****541.25 *****541.  Suite, Apt. #, etc.			3219917 29701065008		
	City				FL Zip Code	
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT IS MUST	d section 620 192, Florida Stalules.	LIMITED	PART	DATE NERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Dantana	11b.	City, State & Zip Code	11c. Registration/ Document Number	
DART CONTAINER COPORATION OF Florida	1952 FIELD ROAD		SARASOTA FL 34231 - 2315		V41257	
Ş				-		
Note: General partners MAY NOT	e changed on this form	n; an am	endme	nt must be filed to cha	ange a general partner.	
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with St this annual report is true and accurate and that my signs empowered to execute this report as equired by chapte	ection 119.07(3)(k) in the event that the in ature shall have the game legal effects as	nformation supp	lied is deen	ned exempt from public access. I furth er certify that I am a General Partner o	or certify that the information indicated on I the limited partnership, roceiver or trustoc	
SIGNATURE Whelin C	1/Mul			DATE	ctober 2, 1997	

Typed or Printed Name of General Partner Signing Form William L. Myers, Treasurer of Daylime Telephone Number. (517) 676-3800