FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # A9300001425

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 FEB 17 AM 9: 21



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Mailing Address 1801 SOUTH FEDERAL HIGHWAY. SUITE 300 DELRAY BEACH FL 33483	Principal Office Address 1801 SOUTH FEDERAL HIGHW DELRAY BEACH FL 33483	AY. SUITE 300		Date Formed or Registered 12/27/1993 9. Date of Last Report 11/03/1995	<u> </u>	\$1,000.00 \$1,000.00	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FEI Number 65-0456522	Applied For		
City & State	City & State		7	Not Applicable		Not Applicable	
Zip Country	Zip	Zip Country		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			10, if changed, new Registers	id Agent/Office		
CHAMPION COMMUNICATIONS INC. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300		Name					
		Street Address (P.O. Box Number Is Not Acceptable)					
DELRAY BEACH FL 33483		Suite, Apt. #, etc		44-4			
	City		,				
10a. Pursuant to the provisions of sections 620.1051 and the purpose of changing its registered office or regist am familiar with, and accept the obligations of sections.	tered agent, or both, in the State of Florid	ned limited partne	rship organized				
the purpose of changing its registered office or regis I am familiar with, and accept the obligations of sect SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	itered agent, or both, in the State of Florid ion 620.192, Florida Statutes. IS A CORPORATION, I BE REGISTERED AI	ned limited partne a. Such change w LIMITED ND ACTIV	rship organized as authorized to PARTN E WITH	DATE ERSHIP OR OTHE THIS OFFICE.	e State of Floric accept the appo	la, submits this statement finiment of registered agent	
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