## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP** ANNUAL REPORT . 1998

PATCH ENTERTAINMENT, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9400000031** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 SEP 29 AM 9: 31



Mailing Address  5211 S. WASHINGTON AVENUE TITUSVILLE FL 32780	Principal Office Address  5211 S. WASHINGTON AVENUE TITUSVILLE FL 32780		3. Date Formed or Registered  12/29/1993  3a. Date of Last Report	<b>5a.</b> Capital Contributions as Shown on record.
2. Mailing Address Suite, Apt. #, etc.	20. Principal Office Address  Suite, Apt #, etc.		11/19/1996 4. State or Country of Formation FL 6. FEI Number	5b. Amount of Cepital Contributions in FLORIDA to date:  Applied For
City & State  Zip Country	City & State	untry	7. Certificate of Stalus Desired	Not Applicable  \$8.75 Additional Fee Required
		y	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 Registered Agent/Office	
WELK, DONALD F 5211 S WASHINGTON AVENUE TITUSVILLE FL 32780		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Code		
signature (Registered Ageni Accepting Appointment  A GENERAL PARTNER TH	ice or registered agent, or both, in the State of Florida gations of section 620 192. Florida Statutes.	Such change was au	uthorized by its general partner(s). I here  DATE  TNERSHIP OR OTHE	by accept the appointment of registerod
11. Name(s) of General Partner(s)	11a. Addross of Each General Par (Do NO1 Use Post Office Box Nu		City, State & Zip Code	11c. Registration/ Document Number
				- Cocomon Nomber
G.E.P., INC.	5211 S. WASHINGTON AV	1171 	J\$VILLE FL 32780 90002 -10/02	<b>J53856 3.1 CHS 7.9</b> 3  7.87 01122 007  56.25 ****156.25

12. I do he by 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 Conceptions from any liability of non-compliance with Saction 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 export is true and accurate and that my signature shall have the same legal effects as if made under eath. 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 \_\_\_

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number