FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 17 MIII: 35



10191 SAMPLE RD. STE 216 CORAL SPRINGS FL 33065 2. Mailing Address 2. COL W. JAMPLE ROAD SUITE, Apt #, etc. SUITE # 32.COL W. JAMPLE ROAD SUITE, Apt #, etc. SUITE # 32.COL W. JAMPLE ROAD SUITE, Apt #, etc. SUITE # 32.COL W. JAMPLE ROAD SUITE, Apt #, etc. SUITE # 32.COL W. JAMPLE ROAD SUITE, Apt #, etc. SUITE # 32.COL W. JAMPLE ROAD SUITE, Apt #, etc. SUITE # 32.COL ROAD ROAD TO COUNTY TO COUNTY TO COUNTY TO COUNTY TO ROAD SUITE # 32.COL ROAD ROAD TO COUNTY TO COUNTY TO COUNTY TO ROAD SUITE # 32.COL ROAD TO COUNTY TO COUNTY TO COUNTY TO ROAD TO COUNTY TO ROAD TO ROAD TO ROAD SUITE ROAD SUITE # 32.COL ROAD TO ROAD TO ROAD TO ROAD SUITE ROAD TO ROAD TO ROAD TO ROAD TO ROAD TO ROAD SUITE ROAD TO		A9400000					
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Second Seach Fe	JUITE # 320	50,72 # 320 City & State					
8. Make check payable to: Dept. of State (See reverse size for fee informs 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office SCHWARTZ, DAVID A ESO. 8181 WEST BROWARD BLVD., SUITE 204 RLANTATION FL 33324 Suite. Apt. #, etc. City FL Zip Code 10a. Pursuant to the previsions of sections 6/0 1051 and 6/0 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits his statem for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent from 6/0 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Agracialment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (pc/AGRESS (B.ac) General Partner(s) 11b. City, State & Zip Code 11c. Decument Number WILKURT, INC. 7947 YORKSHIRE COURT BOCA RATON FL 33498 P94000048428 HARJOR, INC.	POMPANO BEACH, F.	Pomprino BEACH, Fr.		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SCHWARTZ, DAVID A ESO. 8181 WEST BROWARD BLVD., SUITE 204 PLANTATION FL 33324 Suite, April #, etc. City FL Zip Codo City FL Zip Codo City FL Zip Codo City FL A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (A AGGRESS of Lach General Partner(s) WILKURT, INC. 7947 YORKSHIRE COURT BOCA RATON FL 33496 P94000048428 P94000048427				8. Make check payable to: Dept. i	· · · · · · · · · · · · · · · · · · ·		
SCHWARTZ, DAVID A ESO. *8181 WEST BROWARD BLVD., SUITE 204 **RLANTATION FL 33324** **Suriet Address (P.O. Box Number Is Not Acceptable)** Suite, Apl #, etc. City **FL** Zip Codo **City **FL** Zip Codo **City **FL** Zip Codo **Total Statistics, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statem for the purpose of changing list registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Agy-colument) 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) 11a. (po Not Use Food Office Box Numbers) WILKURT, INC. 7947 YORKSHIRE COURT BOCA RATON FL 33496 P94000048428 P94000048428 P94000048427				10 If changed, new Begister	ed Anent/Olfice		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partne				$\underline{\alpha}$	<u>u</u>		
	12. I do hereby cert 'y that the information supplied wi	ith this fling is voluctarily furn-shed and does	not qualify for the exem	nption stated in Section 119.07(3)(k), Florid	a Statutes. I reli	ease the Division of	

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

Typed or Printed Narre of Barceral Partner Signing Form _ ORDAN KLEMOW

12-11-96 Daytime Telephone Number 954-969-7661