

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 28 PM 3:03

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000937

INTERSTATE BUSINESS PARK, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State, Apt #, etc. 7243 Bryan Dairy Rd.

City, State & Zip Largo, Fla. 34647

2a. New Principal Office Address, if Applicable

State, Apt #, etc.

Mailing Address

% GARCIA ENTERPRISES INC.
7237 BRYAN DAIRY ROAD
LARGO FL 34647

Principal Office Address

% GARCIA ENTERPRISES INC.
7237 BRYAN DAIRY ROAD
LARGO FL 34647

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA
07/12/1994

3a. Date of Last Report
03/30/1995

4. State or Country of Formation
FL

City, State & Zip

5a. Capital Contributions as Shown on Record
\$100.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-3281781

Applied For

7. CERTIFICATE OF STATUS REQUIRED

Not Applicable

50 Fl. Additional Fee Required for a Certificate of Status

6. FEES:

1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amounts entered in 5b or 5c if 5b or 5c, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.140, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

GARCIA, MARTIN L
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number if Not Acceptable)

Suite, Apt #, etc.

City

Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

INTERSTATE BUSINESS PARK GEN

11a. Address of Each General Partner (DO NOT Use Post Office Box Numbers)

% GARCIA ENT. INC., 7

11b. City, State & Zip Code

LARGO FL 34647

11c. Registrar Document File No.

A94000000908

407001675564
-01/02/96--01071--014
***382.50 ***191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on 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 empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Martin L. Garcia

DATE

9/17/95

Typed or Printed Name of General Partner Signing Form

Martin L. Garcia

Telephone Number

(813) 545-0788