FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

DOCUMENT #

FILED 97 APR 11 AM 9: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address Principal Office Address 2729 SO. WOODLAND BLVD. DELAND FL 32720 28. Principal Office Address Principal Office Address 2729 SO. WOODLAND BLVD. DELAND FL 32720 28. Principal Office Address PL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Principal Office Address Principal Office Address PL Suite, Apt. #, etc. PRINIMBER Principal Office Address Principal Office Address PL Suite, Apt. #, etc. PRINIMBER Principal Office Address Principal Office Address PL Suite, Apt. #, etc. PRINIMBER Principal Office Address Principal Office Address PL Suite, Apt. #, etc. PRINIMBER Principal Office Address Principal Office Address PL Suite, Apt. #, etc. PRINIMBER Principal Office Address PL Suite, Apt. #, etc. PRINIMBER Principal Office Address PRINIMBER PRINIBER PRINIMBER PRINIMBER PRINIBER PRINBER PRINBER PRINBER PRINBER	•	A9400000	19/6				
22. Moting Address 28. Principal Office Address 38. Date of Last Report 29. A State or Country of Formation FL 50. Amount of Ceptell 6 office Address 59-3250088 3 Applied For 59-3250088 4 Applied For 59-3250088 5 Applied For 59-3		ARTNERSHIP Q(^^	ARM	E 1811-011 17119 17114 81811 8011)	VVIIA BULII ABIAL I	ETIH BONIO FONIL NOOTO BINI IDDI	
2. Making Address 28. Principal Office Address 29. Country 20. Country 2	•				07/18/1994 \$1,000.00 3a. Date of Last Report 02/06/1996 5b. Amount of Capital Contributions in FLORIDA to date:		
28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Registered Agent To, trichanged, new Registered To, trichanged, new Registered Agent To, trichanged, new Registered To, trichanged, new Register	DELAND FL 32720	DELAND FL 32720					
City & State City & State City & State City & State Country Zip Country Xiv Count	<u> </u>		28. Principal Office Address				
T. Certificate of Status Desired \$8.75 Additional \$8.75 Addition	· ·						
9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office CORRELL, ARLENE W 1850 - 187H AVE., NO LAKE WORTH FL 33460 Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City FL Zip Code Tolg. 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 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 are manually in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent are manually in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent are manually in the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. A BIERA, HELEN H 419 SOFT SHADOW LANE DEBARY FL 32713 DEBARY FL 32713 Name(s) of General Partners MAY NOT be changed on this form; an amendment must be filled to change a general partner of the state of Florida. State and the state of Florida	· · · · · · · · · · · · · · · · · · ·						
CORRELL, ARLENE W 1850 - 16TH AVE., NO LAKE WORTH FL 33460 Suite. Apt. #, etc. City FL Zip Code Suite. Apt. #, etc. City FL Zip Code FL AGE ST FL AGE ST FL FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code FL FL FL FL FL FL FL FL FL F	<u> </u>				8. Make check payable to: Dept. of State (See reverse side for fee information		
CORRELL, ARLENE W 1850 - 16TH AVE., NO LAKE WORTH FL 33460 Suite. Apt. #, etc. City FL Zip Code Suite. Apt. #, etc. City FL Zip Code FL AGE ST FL AGE ST FL FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code FL FL FL FL FL FL FL FL FL F	9. Name and Address of Cu	irrent Registered Agent		10. If changed, new Registe	red Agent/Office		
LAKE WORTH FL 33460 Sulto. Apt. #, etc. City FL Zip Code Total Tot	·						
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 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(a). I hereby accept the appointment of registered agent and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE			Suite, Apt. I	F, etc.			
the purpose of changing its registered agent, or both. In the State of Florids. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE			City		FL Zip Code		
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (bo NOT Use Post Office Box Numbers) ABIERA, HELEN H 419 SOFT SHADOW LANE DEBARY FL 32713 200021468721 -04/17/8701108010 *****156.25 *****156.25	the purpose of changing its registered office or I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT	r registered agent, or both, in the State of Florida of section 620.192, Florida Statutes.	LIMITED	pas authorized by its general partner(s). I hereby DAT PARTNERSHIP OR OTH	accept the appo	iniment of registered agent.	
ABIERA, HELEN H 419 SOFT SHADOW LANE DEBARY FL 32713 200021458721 -04/17/9701108010 ****156.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner	MI	JST BE REGISTERED AN	ID ACTIV	/E WITH THIS OFFICE.			
200021468721 -04/17/8701108010 ****156.25 *****156.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner	11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office E	Box Numbers)	11b. City, State & Zip Code	11c.		
	ABIERA, HELEN H	419 SOFT SHADOW LA	NE		2146 7/970 156.25	8721 1108010 ****156.25	
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Corporations from any liability of non-compliance with Section 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 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

Daytime Telephone Number

ABIERA

HELEN

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form