

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 3:34

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001303

METRO MANAGEMENT OF CENTRAL FLORIDA, LIMITED



Mailing Address

Principal Office Address

401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

3. Date Formed or Registered

09/26/1994

5a. Capital Contributions as Shown on record

\$7,500.00

3a. Date of Last Report

11/22/1996

5b. Amount of Capital Contributions in FL ORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3284193

Applied For
 Not Applicable

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

A.G.C. CO.
200 SOUTH ORANGE AVE., SUITE 2300
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

Randall C. Smith, Esq.

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

750 N. Maitland Avenue

Suite, Apt. #, etc.

City

Maitland

FL

Zip Code

32751

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 such as 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

[Handwritten Signature]

DATE

10/28/97

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)

VEIGLE, JAMES
VEIGLE, CHARLES

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

401 E. SEMORAN BLVD.
401 E. SEMORAN BLVD.

11b. City, State & Zip Code

CASSELBERRY FL 32707
CASSELBERRY FL 32707

11c. Registration/Document Number

400002360584---9
-12/02/97--01045--010
****159.75 ****159.75

dec

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)(k), Florida Statutes. I release the Division of 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Handwritten Signature: Charles Veigle]

DATE

10/31/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-267-2977

CP-25003 (6/97)