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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400001476**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 31 PM 3: 45

Daytime Telephone Number _



AUL C. KANAVOS INVESTI	MENI, LID.			
Malling Address 18551 NORTH TAMIAMI TRAIL NORTH ET MYERS SI 33000	Principal Office Address 19551 NORTH TAMIAMI TRAIL— NORTH FT. MYERS FL 32903		3. Date Formed or Registered 11/04/1994 38. Date of Lest Report	58. Capital Contributions as Shown on record. \$3,000,000.00
			12/09/1996	5b. Amount of Capital Contributions in FLORIDA
			4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address 106 Hancock Bridge	28. Principal Office Address	Bridge	FL	İ
Suite, Api. #, etc.	Suite, Apt. #, atc. 15-54	3	6. FEI Number 65-0535770	Applied For
City & State Coral FL	City & State Coral	FL	7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
33991 Lee	33991	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
			TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER	
KANAVOS, PAUL C 18551 N. TAMIAMI TRAIL— NORTH PT.MYERS PL 33903		Street Address (P.O. Box Number Is Not Acceptable) Output		
agent. I am familiar with, and accept the obligations agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent. I am familiar with, and accept the obligation agent.	1	IMITED	DATE PARTNERSHIP OR OTHE	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	O	11b. City, State & Zip Code	11c. Registration/ Document Number
PCK INVESTMENT CO., INC.	18551 NORTH TAMIAMI T		NORTH FT. MYERS FL 33	P9400007673 # € Ç
			~01/21.	4067086 /9801071020 #1.25 ****\$41.25
	137.50 103.75		da	
Note: General partners MAY No			****	
 I do hereby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that m empowered to execute this report as required by 	with Section 119.07(3)(k) in the event that the info y signature shall have the same legal effects as it chanter 620, Florida Statutes	ormation supplii	ed is deemed exempt from public access. I furth ath, I further certify that I am a General Partner of	er certify that the information indicated on the limited partnership, receiver or trustee
SIGNATURE Saul	Kanava	_	DATE	12 /30 /97