

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


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B-12



LIMITED PARTNERSHIP ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership PH SOLUTIONS, LTD.		1a. DOCUMENT # A94000001842			
Mailing Address 1001 N/ US HWY ONE SUITE 409 JUPITER FL 33477		Principal Office Address 1001 N/ US HWY ONE SUITE 409 JUPITER FL 33477		3. Date Formed or Registered 12/20/1994 3a. Date of Last Report 12/12/1995 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$750,000.00 5b. Amount of Capital Contributions as Shown on record. 398,000.00 395,000.00	
				6. FEI Number 65-0548527 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 BONGARD, THOMAS G 6217 WOODLAKE ROAD JUPITER FL 33458		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PH LABORATORIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1001 NORTH US HWY ONE	11b. City, State & Zip Code JUPITER FL 33477	11c. Registration/Document Number P03000078317
400002065724--9 -01/23/97--01006--015 *****585.00 *****585.00			

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 670, Florida Statutes.

SIGNATURE *Barbara J Bongard* DATE *Dec 22, 1996*
 Typed or Printed Name of General Partner Signing Form *Barbara J Bongard* Daytime Telephone Number *561-575-3500*
Secretary - General Partner

CR2E003 (6/96)