


FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

98 APR -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership WEST POINT HOLDINGS, LTD.		1a. DOCUMENT # A95000000097 98-AR CM		
Mailing Address C/O A.J. PERRI 9726 W. SAMPLE RD. CORAL SPRINGS FL 33065		Principal Office Address C/O A.J. PERRI 9726 W. SAMPLE RD. CORAL SPRINGS FL 33065		
2. Mailing Address		2a. Principal Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		



3. Date Formed or Registered 01/18/1995	5a. Capital Contributions as Shown on record. \$99,000.00
3a. Date of Last Report 01/16/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$18,500.00
6. FEI Number 65-0525630 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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 PERRI, ANTHONY J ESQ. 9726 W SAMPLE RD CORAL SPRINGS FL 33065	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) PERRI, ANTHONY J	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9726 W. SAMPLE ROAD	11b. City, State & Zip Code CORAL SPRINGS FL 3306	11c. Registration/Document Number 400002487144--0 -04/13/98--01138--001 ****218.25 ****218.25 4-129.5
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Not: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 effect 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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Anthony J. Perri
ANTHONY J. PERRI

3-5-98

(954) 755-8755

CR2E003 (12/97)