

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 21 PM 2:31**

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000100

19860 JOG ROAD LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

C/O FELDMAN, GUTTERMAN, ET AL
280 PLANDOME ROAD
MANHASSET NY 11030

19860 JOG ROAD
BOCA RATON FL 33428

3. Date Formed or Registered

01/18/1995

5a. Capital Contributions as Shown on record

\$5,000.00

3a. Date of Last Report

01/08/1996

4. State or Country of Formation

FL

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0546519

☐ 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

**NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

LIONEL ASTOR

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

22354 S.W. 57 AVE

Suite, Apt. #, etc.

City

BOCA RATON

FL

Zip Code

33458

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)

LIONEL ASTOR, OFFICER DATE **12/31/96**

**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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

19860 JOG ROAD CORP.

C/O 280 PLANDOME ROAD

MANHASSET NY 11030

P95000002678

**300002067533--3
-01/24/97--01039--007
****191.25 ****191.25**

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

Mark Weinberg

DATE

12/31/96

Typed or Printed Name of General Partner Signing Form

MARK WEINBERG

Daytime Telephone Number

516-365-6600

CR2E003 (6/96)