

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 MAR 17 AM 9:57



1. Name of Limited Partnership
NEW RIVER TECHNOLOGIES, LTD.

1a. DOCUMENT #
A95000000107

Mailing Address
P.O. BOX 1525
FT. LAUDERDALE FL 33301

Principal Office Address
P.O. BOX 1525
FT. LAUDERDALE FL 33301

3. Date Formed or Registered
01/20/1995

5a. Capital Contributions as
Shown on record.
\$990.00

3a. Date of Last Report
10/17/1996

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$990.00

2. Mailing Address
110 E. Broward Blvd.
Suite, Apt. #, etc.
PO Box 163
City & State
Fort Lauderdale, FL
Zip Country
33301 USA

2a. Principal Office Address
110 E. Broward Blvd.
Suite, Apt. #, etc.
PO Box 163
City & State
Fort Lauderdale, FL
Zip Country
33301 USA

6. FEI Number
65-0525498
☐ 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
TRIPP, NORMAN D
% TRIPP, SCOTT, CONKLIN & SMITH, P.A.
110 SOUTHEAST SIXTH ST., 20TH FL.
FT. LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
15th Floor
City
FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
NEW RIVER TECHNOLOGIES, INC.	410 SOUTHEAST SIXTH ST 110 E. Broward Blvd.	FT. LAUDERDALE FL 33301	P94000013427

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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 _____ DATE **3/10/98**

Typed or Printed Name of General Partner Signing Form **Norman D. Tripp, Secretary** Daytime Telephone Number **(954) 525-7500**

CR2E003 (12/97)