FILE C V C & BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1999		DIVISION OF CORPO	PRATIONS		nu 2:50	
1. Name of Limited Partnership	^{1a} A95	DOCUMEN 00000027	T# 7 6	98 BEC 31	у РМ 3:59	
FIRST TEAM IMPORTS, LTD.						
Mailing Address	Principal Office	Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
350 S. LAKE DESTINY DRIVE. SUITE 200 350 S. LAKE DESTINY DRIVE. SUITE ORLANDO FL 32810 ORLANDO FL 32810			00	02/28/1995 3a. Date of Last Report 01/13/1998	\$674,395.00 5b. Amount of Capital Contributions in FLORIDA	
				4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	Za. Principa	2a. Principal Office Address		FL	1,042,973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3298470	Applied For	
City & State	City & State			7. Certificate of Status Desired		
Zip Country	Zip	Coun	itry		\$8.75 Additional Fee Required of State (See reverse side for fee information)	
				40 %		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
HUMPHRIES, J. GREGORY			eet Address (P.O. Bo	x Number is Not Acceptable)	system	
20 NORTH ORANGE AVENUE			1200 South Pine Island Koad			
SUITE 1000		Su	ite, Apt. #, etc.			
ORLANDO FL 32801-4626		(CIE)	Plantet	205	FL 33324	
Pursuant to the provisions of sections 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 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. VICKY GOLDSTEIN Ag / Gg						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY						
	MUST BE REGIS	STERED AND A	CTIVE WIT	H THIS OFFICE.		
11. Name(s) of General Partner(s)		ddress of Each General Partn OT Use Post Office Box Num		City, State & Zip Code	11c. Registration/ Document Number	
FIRST TEAM MANAGEMENT, INC.	350 S. L	ake destiny d	ORL	ando fl 32810	J22375 J22375	
				500002 -01/0 ****	27310551 95/9901090012 9526.25 ****526.25	
Note: General partners MAY	NOT be changed	on this form; ar	n amendme	nt must be filed to c	hange a general partner.	
12. I do hereby certify that the information supplied with his 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						
Typed or Printed Name of General Partner Signing Form James Cole Secretary Daytime Telephone Number (964) 71-9-1000						

of Cremeral Partner

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