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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A95000000418

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



BOCA PRO, LTD.					
Mailing Address 5316 PENNOCK PT. ROAD JUPITER FL 33458	Principal Office Address 5316 PENNOCK PT. ROAD JUPITER FL 33458	5316 PENNOCK PT. ROAD		5a. Capital Contributions as Shown on record. \$250,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		Applied For Not Applicable	
Zip - Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Godinay	210	Z.p Gountsy		8. Make check payable to: Dept. of State (See reverse side for fee information	
		10. If changed, new Registered Agent/Office			
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Code  Zip Code  amed limited partnership organized or registered under the laws of the State of Florida, submits this statement			
agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER T	HAT IS A CORPORATION.	LIMITED	PARTNERSHIP OR OTH	E	
11. Name(s) of General Partner(s)	MUST BE REGISTERED A  Address of Each Gen  11a. (Do NOT Use Post Office	eral Partner	/E WITH THIS OFFICE.  11b. City, State & Zip Code	11c. Registration/	
AP GENERAL, INC.	5316 PENNOCK PT. RO		Jupiter FL 33458	P95000021501	
			800002 -10/2 *****	6685489 0/9801081002 026.25 ****526.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

SIGNATURE

<sup>12.</sup> I do hereby certify that the information supplied with this fiting is votuntarily 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 fiability of non-compliance with Section 119.07(3)(k) in the event that the information supplied side emed 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 a squired by chapter 620, Florida Statutes.