FILED 99 APR 28 PM 1:57 DECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

A95000000638

1. Name of Limited Par	tnership									
SLK, Lt	d.									
							DO NOT WRIT	TE IN THIS SP.	ACE.	
2. Mailing Address 2888 E. Oakle	and Pk. Blvd.	3. Principal Office Address 5700 Lake Worth Rd.			4	4. Date Formed or Registered To Do Business in Florida 04/20/95				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 312-A			5	5. FEI Number Applied For 65-0708703 Not Applied by S8 /5 Additional Fee required				
Ft. Lauderdale, FL		City & State Lake Worth, FL								
^{Zip} 33306	Country US	33463 Country US		7. State or Country of Formatic				ior a certificate of status		
8a. Capital Contributions as Shown on Record: \$100.00 8b. Amount of Capital Contributions in PLORIDA to date:		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Panalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.								
9. Name and Address of Current Registered Agent				10. If changed, new registered agent/office						
		Name Name				1 A in even Boot trave teleprotein after the principle				
Allan M. Len	Mer, Esq. & Pearce, P.A.	Street Address (F'.C			ress (F'.O. Box Nu	Box Number Is Not Acceptable)				
	akland Pk. Blvd.	Suite, Apt. #, etc.			# etc					
Ft. Lauderda	ale, FL 33306 US									
			City					FL Zip Code		
for the purpose of	vovisions of sections 620, 1051 and 6 of changing its registered office or re- iar with, and accept the obligations of	gistered agent, or both, in the S	State of Flori							
SIGNATURE (Registered Agent Accepting Appointment)					DATE					
A GENERAL	PARTNER THAT IS MUST	S A CORPORATI BE REGISTERE						R BUSII	VESS E	YTITY
11. Names of Ger	neral Partner(s)	Address of Each (Do NOT Use Post O		С	ity, State and Zip C	ode	11a.	Registrati Document N	on umber	
SLK. Inc. 5700 Lake Worth Ro			ad	Lake W	orth, FL	33463	P950	0003030	2(0)	
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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 Statules.

SIGNATURE.

Stephen Lerner, President SLK, Inc.