A95000000665

STALNAKER AND SMITH, P. A.
ATTORNEYS AND COUNSELLORS AT LAW
800 INTERNATIONAL PARKWAY
SUITE 870
HEATHROW, FLORIDA 32746

(407) 830-9099
FROM ORLANDO CALL 843-0850
FAX (407) 830-9850

WALLACE F. STALNAKER, JR.
STACY BRITTON SMITH
FAITH K. STALNAKER, OF COUNSEL*

*ALSO MEMBER OF N.Y. BAR

SOUTH ORLANDO OFFICE
7000 SAND LAKE ROAD
SUITE 309
ORLANDO, FLORIDA 32819
(407) 859-9449

April 6, 1995

Corporate Records Bureau
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32301

600001453176
-04/11/95--01064--013
***1785.00 ***1785.00

~~195000000665~~

In re: The Limited Family Partnership Agreement of the Tolpin Family Company, LTD, a Florida Limited Partnership

Gentlemen:

Enclosed are the original and one copy of the aboved referenced agreement. Also enclosed is our firm's check in the amount of $$1,785.00 representing payment of the following:

Filing fee	$ 35.00
Capital contribution	1,750.00

Please file and return a copy to the undersigned.

Thank you for your courtesies in this matter.

Very truly yours,

Faith K. Stalnaker

FILED
1995 APR 27 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FKS/ld
enclosures
cc: S. Tolpin

~~1785, 1750, 35.00~~

FF #700.00
35.00
RA

Sent Refund Application
Overpayment
$1,050.00

4/27/95a

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 13, 1995

FAITH K. STALNAKER, ESQUIRE
300 INTERNATIONAL PARKWAY
SUITE 376
HEATHROW, FL 32746

SUBJECT: TOLPIN FAMILY COMPANY, LTD.
Ref. Number: W95000007945

We have received your document for TOLPIN FAMILY COMPANY, LTD. and your check(s) totaling $1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 295A00016988

STALNAKER AND SMITH, P. A.
ATTORNEYS AND COUNSELLORS AT LAW
300 INTERNATIONAL PARKWAY
SUITE 370
HEATHROW, FLORIDA 32746

(407) 333-9000
FROM ORLANDO CALL 843-0350
FAX (407) 333-9992

WALLACE F. STALNAKER, JR.
STACY BRITTON SMITH
FAITH K. STALNAKER, OF COUNSEL*

*ALSO MEMBER OF S.C. BAR

SOUTH ORLANDO OFFICE:
7080 SAND LAKE ROAD
SUITE 309
ORLANDO, FLORIDA 32819
(407) 352-9440

April 19, 1995

Ms. Ava Watson
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

In re: Tolpin Family Company, Ltd.
Ref. Number W95000007945

Dear Ms. Watson:

Enclosed is the Certificate and Affidavit in the form you sent to us on April 13.

You also returned to us the original Limited Partnership AGreement, I was informed by your office that it is not necessary to file the Agreement - only the Certificate and Affidavit of Capital Contributions. Therefore,, I am sending back to you only those two documents for filing.

You have received our check in amount of $1,785.00. If there is anything further required, please advise.

Very truly yours,

Faith K Stalnaker
Faith K. Stalnaker

FKS/ld
enclosure

CERTIFICATE OF LIMITED PARTNERSHIP
OF

The Tolpin Family Company, Ltd.

FILED
1995 APR 27 AM 10:37
TALLAHASSEE, FLORIDA

1. The Tolpin Family Company, Ltd. A95000000665
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 300 International Parkway, Ste. 376, Heathrow, FL 32746
(The Business Address of Limited Partnership)

3. Faith K. Stalnaker, Atty.
(Name of Registered Agent for Service of Process)

4. 300 International Pkwy., Ste. 376, Heathrow, FL 32746
(Florida Street Address for Registered Agent)

5. Faith K. Stalnaker
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 300 International Pkwy., STe. 376, Heathrow, FL 32746
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 2-23-2015 .

8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Ann Marshall, Inc.,	300 International Pkwy., Ste. 376
a Florida Corporation	Heathrow, FL 32746

Signed this 24th day of April, 1995.

Signature of all general partners:

Ann Marshall, Inc.

BY: ______________________
General Partner
President

____
General Partner

____
General Partner

____
General Partner

____
General Partner

FILED
1995 APR 27 AM 10: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
95 APR 27 AM 10:37
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

The Tolpin Family Company, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 0.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 100,000.00.

This 24th day of April, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

Ann Marshall, Inc, a Florida Corporation

BY: Sheila Ann Jaspen

President

General Partner	General Parnter
General Partner	General Partner
General Partner	General Partner

A95000000665

APPLICATION FOR REFUND FROM STATE OF FLORIDA

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: Faith K. Stalnaker, Esquire

Address: 300 International Pkwy., Ste. 376

Heathrow, FL 32746

Amount: $1,785.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim:

Overpayment of filing fees

THE TOLPIN FAMILY COMPANY, LTD. #A95000000665

Section: Reinstatement Clerk: A. Watson Date Processed: 04/27/95

CERTIFIED TRUE AND CORRECT this 2 day of May, 19 95.

Faith K. Stalnaker
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.

The amount recommended $ $1,050.00.

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01064--013, Dated 04/11/95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0

Certified True and Correct this _____ day of _____, 19____.

Dept. of State, Div. of Corporations
Agency

_____
Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

CR25060 (12-87)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 PM 2:43

1a. DOCUMENT # A95000000665

1. Name of Limited Partnership

THE TOLPIN FAMILY COMPANY, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
300 INTERNATIONAL PKWY.
STE. 376
HEATHROW FL 32746

Principal Office Address
300 INTERNATIONAL PKWY.
STE. 376
HEATHROW FL 32746

If above addresses are not correct in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA 04/27/1995

3a. Date of Last Report

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record $100,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number 59-3314025

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable X
$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

STALNAKER, FAITH K
300 INTERNATIONAL PKWY.
STE. 376
HEATHROW FL 32746

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
ANN MARSHALL, INC.	300 INTERNATIONAL PKW	HEATHROW FL 32746	P95000016761

600001168826
-01/11/96--01021--003
****576.25 ****576.25

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 accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(i) 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 Sheilah Tolpin President Ann Marshall, Inc. DATE 12/26/95

Typed or Printed Name of General Partner Signing Form Sheilah Tolpin, President

(407) 256-6836
Telephone Number

0000911

CR2E003 (6/95)