

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:12



1. Name of Limited Partnership	1a. DOCUMENT # A95000000713
NORTHWAY FAMILY LIMITED PARTNERSHIP	

Mailing Address 1340 GULF BLVD. APT. 20A CLEARWATER FL 34616		Principal Office Address 1340 GULF BLVD. APT. 20A CLEARWATER FL 34616		3. Date Formed or Registered 05/08/1995	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/13/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FL Number 59-3311348	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 NORTHWAY, JOHN F SR. 1340 GULF BLVD. APT. 20A CLEARWATER FL 34616	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.10(1) 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) JOHN F. NORTHWAY SR., TRUSTE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1340 GULF BLVD., APT.	11b. City, State & Zip Code CLEARWATER FL 34616	11c. Registration/Document Number 300002015653--2 -11/27/95--01032--015 ****192.25 ****192.25
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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

John F. Northway, Sr.
John F. Northway, Sr.

DATE

Nov. 5, 1996

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813-593-0725

CR2E003 (6/96)