

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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 96 DEC 18 AM 10:09

<b>1. Name of Limited Partnership</b>  <b>FOG MAJESTIC LIMITED</b>	<b>1a. DOCUMENT #</b> <b>A95000000904</b>
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96 12/27

<b>Mailing Address</b> 1745 WEST FLETCHER AVE. TAMPA FL 33612	<b>Principal Office Address</b> 1745 WEST FLETCHER AVE. TAMPA FL 33612	<b>3. Date Formed or Registered</b> 06/16/1995	<b>5a. Capital Contributions as Shown on record</b> \$99.00
		<b>3a. Date of Last Report</b> 12/19/1995	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$99.00
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>6. FEI Number</b> 59-3321399	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> MARK O. HACKNER 1745 W. FLETCHER AVE. TAMPA FL 33612	<b>10. If changed, new Registered Agent/Office</b> 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 620.1051 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  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> FOG MAJESTIC, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1745 WEST FLETCHER AV	<b>11b. City, State &amp; Zip Code</b> TAMPA FL 33612	<b>11c. Registration/Document Number</b> P95000046843
300002041249--1 -12/30/96--01051--021 ***191.25 ***191.25			

**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 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 Mark O. Hackner DATE 12/11/96  
 Typed or Printed Name of General Partner Signing Form Mark O. Hackner Daytime Telephone Number (813) 968-6511

CR2E003 (6/96)