

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED

97 MAY 16 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1. Name of Limited Partnership	1a. DOCUMENT # A95000000927
BORDA DIMARCO OF NPR, LTD.	

Mailing Address 4925 CROSS BAYOU BLVD. NEW PORT RICHEY FL 34652		Principal Office Address 4925 CROSS BAYOU BLVD. NEW PORT RICHEY FL 34652		3. Date Formed or Registered 06/21/1995	5a. Capital Contributions as Shown on record. \$50,000.00
2. Mailing Address		2a. Principal Office Address		3b. Date of Last Report 01/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 59-3345583 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		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)
Country		Country			

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
HOBBY, H. CLYDE HOBBY, GREY & KUENZEL 6917 STATE ROAD 54 NEW PORT RICHEY FL 34653	Name
	Street Address (P.O. Box Number is Not Acceptable) Hobby, Anderson & Grey
	Suite, Apt. #, etc. 5709 Tidalwave Drive
	City New Port Richey, FL Zip Code 34652

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.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BORDA, INC.	4925 CROSS BAYOU BLVD	NEW PORT RICHEY FL 34	P95000039079
DIMARCO, INC.	4925 CROSS BAYOU BLVD	NEW PORT RICHEY FL 34	P95000000000

RESTATEMENT. 97-CM
600002188796--7
-05/22/97--01105--023
****958.75 ****953.75

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 600, Florida Statutes.

SIGNATURE _____

DATE

Typed or Printed Name of General Partner Signing Form

Joseph R. Borda

Daytime Telephone Number

4-3-97
813-849-2266

CR2E003 (11/96)