FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000000965

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IFORNIA, LTD.		(X)12 /(4		
Principal Office Address 3101 NORTH FEDERAL HIGHWAY SUITE 601 FT. LAUDERDALE FL 33306 28. Principal Office Address Suite, Apt. #, etc.		3. Date Fembed or Registered	58. Capita' Contributions as Shown on record.	
		06/27/1995 3a. Date of Last Report 12/27/1996	\$250,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number	\$250,000.00 Applied For	
City & State	City & State		Not Applicable	
Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	· · · · · · · · · · · · · · · · · · ·		8. Make check payable to Dept of State (See reverse side for fee informs	
3101 NORTH FEDERAL HIGHWAY SUITE 601 Suite, April #, etc.		10. If changed, new Registered Agent/Office		
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
51 and 620,192. Fiorida Statutes, the above- ice or registored agent, or both, in the State o gations of section 620,192. Florida Statutes.	named limited partric of Florida Such chan	ge was authorized by its general partner(s). Th	ereby accept the appointment of registe	
AT IS A CORPORATION	I, LIMITED	PARTNERSHIP OR OTH		
T	···	11b. City, State & Zip Code	11c. Registration/ Document Number	
3101 NO. FEDERAL HIGH		FT. LAUDERDALE FL 333		
		800002 -12/2 **** \$ 5	13800784 3/3701022016 156,25 ****156,25 4/ <i>2</i> 5 ^{\$} 54/.25	
	Principal Office Address 3101 NORTH FEDERAL HIGHN SUITE 601 FT. LAUDERDALE FL 33306 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Jurrent Registered Agent AT IS A CORPORATION UST BE REGISTERED Address of Each Gr. 11a. (De NOT Use Post Office	Principal Office Address 3101 NORTH FEDERAL HIGHWAY SUITE 601 FT. LAUDERDALE FL 33306 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Urrent Registered Agent Name Street Address Suite, Apt. # City City At and 620, 192, Florida Statutes, the above-named limited partneted agent, or both, in the State of Florida Such changations of section 620, 192, Florida Statutes. At IS A CORPORATION, LIMITED UST BE REGISTERED AND ACTIV 11a. (De NOT Use Post Office Box Numbers)	Principal Office Address 31. Date Fed ried or Registered 3. Date of Last Report 12/27/1995 3. Date of Last Report 12/27/1996 4. State or Country of Formation FL Suite, Apt. 4, etc. City 8 State 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Make check payable to Dept Principal Office Address (P.O. Box Number Is Not Acceptable) Suite, Apt. 4, etc. City Suite, Apt. 4, etc. City AT IS A CORPORATION, LIMITED PARTNERSHIP OR OTH UST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner 11b. City, State 8 Zip Code T. LAUDERDALE FL 333	

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 leafulity of any compliance with Section 119.07(3)(k) in the event that the information supplied is discussed exempt from public access. Hurther 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 oally. Further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report at required by chapter 63. Florida Statutes.

SIGNATURE .

Typed or Printed Name of General Pariner Signing Form

Joseph C. Amaturo

ul fartuer

12-1-97

Daytime Telephone Number 954-565-1411