A95000000977

SCIARRETTA & SCHNER, P.A.
ATTORNEYS AT LAW
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

LARRY B. SCHNER
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Business and Taxation Planning
Civil and Commercial Litigation
Condominium and Homeowners Assoc.
Probate Administration
Trusts and Estate Planning

222-2666

June 21, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

$175.00 3/1945

100001525221
-06/20/95--01010--001
***1793.75 ***1793.75

RE: CITRA SCIENCE LIMITED PARTNERSHIP

Dear Sir/Madam:

Enclosed please find a Certificate of Limited Partnership and an Affidavit of Capital Contributions regarding CITRA SCIENCE LIMITED PARTNERSHIP.

As the total amount contributed and the anticipated amount to be contributed by the Limited Partners for this particular Partnership is in excess of Seven Hundred and Fifty Thousand Dollars ($750,000), the maximum fee of One Thousand Seven Hundred Fifty Dollars ($1,750) has been included in the enclosed check as the filing fee for both the Certificate and Affidavit. In addition, an additional Thirty-Five Dollars ($35.00) has been included for the designation of a Registered Agent and an additional Eight Dollars and Seventy-Five Cents ($8.75) has been included for a Certificate.

Therefore, please find enclosed our check in the amount of One Thousand Seven Hundred Ninety-Three Dollars and Seventy-Five Cents ($1,793.75).

Should you have any further questions or comments as regards this matter, please do not hesitate to contact me.

Very truly yours,

SCIARRETTA & SCHNER, P.A.

Will Wait

STEVEN A. SCIARRETTA, ESQ.

SAS:mn:Enclosure

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 AM 11:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 AM 11:53

CERTIFICATE OF LIMITED PARTNERSHIP OF CITRA SCIENCE, LTD.

1. CITRA SCIENCE, LTD.

(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 12555 Enterprise Boulevard, Largo, FL 34643

(The Business Address of Limited Partnership)

3. CORPORATE ACCESS, INC.
(Name of Registered Agent for Service of Process)

4. 1116-D Thomasville Rd. Tallahassee, Florida 32303
(Florida Street Address for Registered Agent)

5. Dany Bennett Pres.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. c/o Steven A. Sciarretta, Esq.
1900 Glades Road, Suite 355, Boca Raton, FL 33431
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is May 17, 2064.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Vincent A. Dotolo	2674 Heron Lane South, Clearwater, FL 34622
Corneeltje C. "Connie" Dotolo	2674 Heron Lane South, Clearwater, FL 34622

Signed this 21 day of June, 1995.

Signature of all General Partners:

Vincent A. Dotolo

Corneeltje C. "Connie" Dotolo

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 AM 11:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 AM 11:51

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partners of CITRA SCIENCE, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the Limited Partners is $750,000.

The total amount contributed and anticipated by the Limited Partners at this time totals $750,000.

This 21 day of June, 1995.

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 true, to the best of my knowledge and belief.

Vincent A. Dotolo

Corneeltje C. "Connie" Dotolo

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
96 APR -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

CITRA SCIENCE, LTD.

1a. DOCUMENT #
A95000000977

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc. 100001T78871
City, State & Zip -04/15/96--01047--008
****191.25 ****191.25

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address	Principal Office Address
C/O STEPHEN A. SCIARETTA, ESQ	12555 ENTERPRISE BLVD
1900 GLADES ROAD, SUITE 355	LARGO FL 34643
BOCA RATON FL 33431	

If above addresses are incorrect in any way, line through the incorrect address and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA
06/27/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$750,000.00

5b. Amount of Capital Contributions in FLORIDA to date
-0-

6. FEI Number
65-0485544

7. CERTIFICATE OF STATUS IS REQUIRED
Applied For
Not Applicable
$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

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
TALLAHASSEE FL 32303

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 Numbers)	11b. City, State & Zip Code	11c. Registered Document Number
DOTOLO, VINCENT A	2674 HERON LANE SOUTH	CLEARWATER FL 34622	
DOTOLO, CORNEELTJE C	2674 HERON LANE SOUTH	CLEARWATER FL 34622	

KWM

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)(i), Florida Statutes. I release the Division of Corporations from any liability of 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 C Dotolo DATE 4-2-96

Typed or Printed Name of General Partner Signing Form Telephone Number

000278D