


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HARCO OF PALM BEACH, LTD.		1a. DOCUMENT # A95000001023	
Mailing Address P.O. BOX 6199 LAKE WORTH FL 33466		Principal Office Address P.O. BOX 6199 LAKE WORTH FL 33466	
2. Mailing Address P.O. BOX 541359 Suite, Apt. #, etc.		2a. Principal Office Address P.O. BOX 541359 Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33454		Zip 33454	
3. Date Formed or Registered 07/07/1995		5a. Capital Contributions as Shown on record. \$9,500.00	
3a. Date of Last Report 12/18/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0579069	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SAPIR, M. RICHARD 1645 PALM BEACH LAKES BLVD., PENTHOUSE WEST PALM BEACH FL 33401		10. If changed, new Registered Agent/Office Name HARRY CAUCH Street Address (P.O. Box Number Is Not Acceptable) 2176 JOG ROAD Suite, Apt. #, etc. City WEST PALM BEACH FL Zip Code 33415	
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 12/15/98			
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) HARCO OF PALM BEACH, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5904 TIMBER VALLEY DR	11b. City, State & Zip Code LAKE WORTH FL 33463	11c. Registration/ Document Number P95000035244
700002735107--4 -01/08/99--01094--002 ****155.25 ****155.25			
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 HARRY CAUCH		DATE 12/15/98 Daytime Telephone Number 561-9646501	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 18 PM 3:51



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