

A95000001104

Howard D. Rosen, Esquire.
Donlevy-Rosen & Rosen

(Requester's Name)

133 Sevilla Ave.

(Address)

Coral Gables, FL 33134

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

000001541490

-07/19/95--01061--002

****875.00 ****875.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Philcar Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 JUL 19 AM 9 08

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

7-20-95a

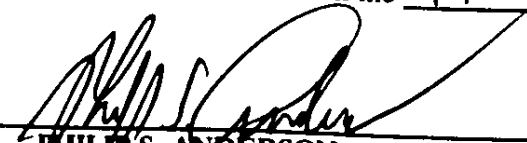
A95000001104


**STATE OF FLORIDA
CERTIFICATE OF LIMITED PARTNERSHIP**

**THIS CERTIFICATE IS PRESENTED FOR FILING PURSUANT TO CHAPTER 620
OF FLORIDA STATUTES:**

1. The name of the limited partnership is: **PHILCAR LIMITED PARTNERSHIP.**
2. The street address of the office and the mailing address of the partnership in Florida is: **515 South California Avenue, Stuart, FL 34994.**
3. The name and street address of the Agent for Service of Process is: **PHILIP S. ANDERSON, at 515 South California Avenue, Stuart, FL 34994.**
4. The name and address of each general partner is:
 - a. NAME: **PHILIP S. ANDERSON**
ADDRESS: **515 South California Avenue
Stuart, FL 34994.**
 - b. NAME: **CAROL M. ANDERSON**
ADDRESS: **515 South California Avenue
Stuart, FL 34994.**
5. The latest date upon which the limited partnership is to be dissolved and its affairs wound up is: **SEVENTY (70) YEARS FROM THE DATE OF FILING THE
CERTIFICATE OF LIMITED PARTNERSHIP WITH THE SECRETARY OF
STATE.**
6. There are no other matters the General Partner(s) desire to include in this Certificate.
7. It is hereby declared that I am (we are) the person(s) who executed this Certificate of Limited Partnership, which execution is my (our) act and deed:

In witness whereof, the General Partners have executed this Certificate on the
day of July, 1995.



PHILIP S. ANDERSON


CAROL M. ANDERSON

FILED
1995 JUL 19 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **PHILCAR LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:



PHILIP S. ANDERSON

FILED

13 M 9 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF ^(BROWARD) ~~MARTIN~~)

FILED
855 JUL 19 AM 9 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned notary public, personally appeared PHILIP S. ANDERSON and CAROL M. ANDERSON, constituting all (one) of the general partners of PHILCAR LIMITED PARTNERSHIP, a Florida Limited Partnership, hereinafter referred to as the "Partnership", who, upon being duly sworn, declare as follows:

1. The capital contribution to the Partnership by each limited partner is as follows:

LIMITED PARTNER NAME

AMOUNT OF CONTRIBUTION

PHILIP S. ANDERSON and
CAROL M. ANDERSON, as
Tenants by the Entireties

\$120,000. -

2. The amount of additional capital contributions anticipated to be contributed by each limited partner is as follows:

LIMITED PARTNER NAME

AMOUNT OF CONTRIBUTION

PHILIP S. ANDERSON and
CAROL M. ANDERSON, as
Tenants by the Entireties

NONE

FURTHER AFFIANT(S) SAYETH NOT.

Under 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 (our) knowledge and belief.

GENERAL PARTNER(S)

Philip S. Anderson
PHILIP S. ANDERSON

Carol M. Anderson
CAROL M. ANDERSON

Date: July 17, 1995.

STATE OF FLORIDA)

COUNTY OF BROWARD
~~MARTIN~~

The foregoing instrument was acknowledged before me this 17th day of July, 1995, by PHILIP S. ANDERSON and CAROL M. ANDERSON, general partners, on behalf of PHILCAR LIMITED PARTNERSHIP, a Florida Limited Partnership. They are personally known to me or have produced _____ as identification.

Fannie E.R. Smith
Notary Public

FANNIE E.R. SMITH
"NOTARY PUBLIC—STATE OF FLORIDA"
MY COMMISSION EXPIRES 12/29/95
COMMISSION NUMBER CC171110

Print Name: FANNIE E.R. Smith

Serial Number: _____

My commission expires:

FILED
1995 JUL 19 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$300 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

95 DEC 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001104

PHILCAR LIMITED PARTNERSHIP

96-AR

CM

Mailing Address

315 SOUTH CALIFORNIA AVE.
STUART FL 34984

Principal Office Address

315 SOUTH CALIFORNIA AVE.
STUART FL 34984

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

3. Date Formed or Registered to Do Business in
FLORIDA
07/10/1985

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$120,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$120,000.00

6. FEI Number
15-0595538

Applied For 7. CERTIFICATE OF STATUS REQUIRED
Not Applicable

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

ANDERSON, PHILIP S
315 SOUTH CALIFORNIA AVE.
STUART FL 34984

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 P.O. Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ANDERSON, PHILIP S
ANDERSON, CAROL M

315 SOUTH CALIFORNIA
315 SOUTH CALIFORNIA

STUART FL 34984
STUART FL 34984

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

Philip S. Anderson

DATE

Dec. 14, 1995

Typed or Printed Name of General Partner Signing Form

Philip S. Anderson

Telephone Number

407-283-9444