

A95000001136

24 July 1995
Reward "LTD"
Attn: Ronald Ward
3219 Raines St.
Pensacola, Fla. 32514
Telephone 904-479-8911

Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

300001545313
-07/25/95--01114--001
***152.00 ***152.00


Dear Sir,
Enclosed is my "limited Partnership", "Certificated of Limited Partnership"(form), "Affidavit of Capital Contributions"(form) and Check #103.
Please note the contact person is Ronald Ward and can be reached at 904-479-8911.

Check #103 to include the following,

1 Filing Fee	\$52.50
2 Registered Agent	\$35.00
3 Certified Copy	\$52.50
4 12 additional pages	\$12.00

\$152.00

Sincerely,


Ronald Ward

FILED
1995 JUL 25 AM 10 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-26-95 (u)

CC
Overpaid \$12.00

CERTIFICATE OF LIMITED PARTNERSHIP OF

1. Reward "LTD" A95000001136
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 3219 Raines St. Pensacola, Fla. 32514
(Business address of Limited Partnership)
3. Ronald E. Ward
(Name of Registered Agent for Service of Process)
4. 3219 Raines St. Pensacola, Fla. 32514
(Florida street address for Registered Agent)
5. Ronald Ward
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 3219 Raines St. Pensacola, Fla. 32514
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is 1 Jan. 2010.

8. Name of general partner(s):

Specific address:

Ronald E. Ward

3219 Raines St. Pensacola, Fla. 32514

Signed this 24TH day of July, 19 95.

Signature of all general partners:

Ronald Ward
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
JUL 25 10 45
SECRETARY OF STATE
TREASURY FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
JUL 25 AM 10 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of


Reward "LTD", a Florida Limited Partnership, certify

The amount of capital contributions to date of the limited partners is \$ 500.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 500.00.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

This 24-74 day of July, 19 95.

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -2 AM 7:48

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001136

REWARD "LTD"

Mailing Address

3219 RAINES ST.
PENSACOLA FL 32514

Principal Office Address

3219 RAINES ST.
PENSACOLA FL 32514

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
07/25/1995

3a. Date of Last Report
N/A

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record:
\$500.00

5b. Amount of Capital Contributions in
FLORIDA to date:
500.00

6. FEI Number
593335682

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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

WARD, RONALD E
3219 RAINES ST.
PENSACOLA FL 32514

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)

WARD, RONALD E

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3219 RAINES ST.

11b. City, State & Zip Code

PENSACOLA FL 32514

11c. Registry/
Document Number

100001684551
-01/10/96--01086--005
****191.25 ****191.25

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

DATE

26 DEC 95

Typed or Printed Name of General Partner Signing Form

RONALD WARD

Telephone Number

904 479 8911

A95000001136

24 Feb. 1997
Reward "LTD"
1352 Sterling Pt. Dr.
Gulf Breeze, Fla. 32561

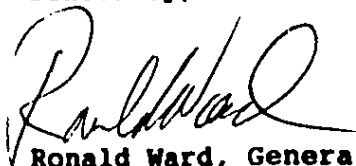
FILED
97 MAR -6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

000002106440--7
-03/06/97-01098-003
*****52.50 *****52.50

Dear Sir,
Enclosed is Certificate of Amendment to REWARD "LTD" and my check
for \$52.50. Please accept this and incorporate it into the
Partnership should there be a problem please advise.

Sincerely,



Ronald Ward, General Partner

4-95-1136

Name	OK 3-10
Availability	
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

FILED
97 MAR -6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

REWARD "LTD"

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on July 25, 1995 adopts the following certificate of amendment to its certificate of limited partnership.

FIRST:

Article VI "Transfer of Partnership Interest" is being amended as follows:

1. 60% interest held by J.P. Ward is being transferred to Moleka V. Ward, thereby deleting the interest held by J.P. Ward to 0%.

SECOND:

This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD:


RONALD WARD, GENERAL PARTNER


DATE