## 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

a. DOCUMENT # **A95000001182** 

G & H INTERNATIONAL INVESTMENTS, LTD.

98-Ak

FILED
97 OCT 21 AM IO: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Malling Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered  08/07/1995  3a. Date of Last Report  5a. Capital Contributions as Shown on record.  \$7,500.00		
104 BLUE LAKE COURT	104 BLUE LAKE COURT	104 BLUE LAKE COURT LONGWOOD FL 32778-3545				
LONGWOOD FL 32779-3545	LONGWOOD FL 32778-3545					
			04/10/1997	<b>5b.</b> Amou Contri	nt of Capital butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		nation to date:		
	`	``				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	Cily & State		59-3328723	59-3328723		
					\$8.75 Additional Fee Required	
Žip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information)		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name				
GREENWALD, JEFFREY S M.D. 104 BLUE LAKE COURT						
		Street Address (P.O. Box Number Is Not Acceptable)				
LONGWOOD FL 32779-3545		Suite, Apt. #,		əlc.		
		City		FL	Zip Code	
A GENERAL PARTNER THA	AT IS A CORPORATION IST BE REGISTERED A	, LIMITED ND ACTI	PARTNERSHIP OR OTHIVE WITH THIS OFFICE.	ER BUSII	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ger	neral Partner Box Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
G & H INTERNATIONAL MANAGEME	104 BLUE LAKE COUP	रा	LONGWOOD FL 32779	P95	P95000053390	
			100002 -10/2 ****	2331 8/9701 156,25	1615 1023006 ****156.25	
1						
Note: Geiveral partners MAY No	OT be changed on this fo	rm; an am	endment must be filed to ch	ange a ge	neral partner.	
12. I do hereby certify that the Information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that m empowered to execute this report as poquired by	with Section 119.07(3)(k) in the event that the signature shall have the same legal effects	e information sup	plied is deemed exempt from public access. I fur roath, I further certify that I am a General Partner	ther certify that the of the limited par	e information indicated on thership, receiver or trustee	
SIGNATURE WOLLD	rent wa	)	DATE	10-14-0	4 1	
Typed or Printed Name of General Partner Signing Form			Davtime Telephone Number .			