FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**



97 APR 14 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A9500001287		T L Hebreix arib reto retoi binki obri conii conii bokh bekh beko khari ikali retoi book kani		
CORTEZ OVENS, LTD. Q7-AP-					
Mailing Address and Greentree Rd BULFRO PLACE DUTE 1110 Suite And PITTSBURGH PA 16002 15220	Principal Office Address SIX-PPO-PLAGE, ST8-1448		3, Date Formed or Registered 08/30/1995 3a. Date of Last Report 01/08/1996	58. Capital Contributions as Shown on record. \$550,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 65-0563558	Applied For Not Applicable	
City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Re	paletoral Acons		10. If changed, new Registere	d Agent/Office	
Nama -T		Name -T	7		
% ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN		Street Address (P.O. 2.7 Sulte, Apt. #, etc.	#, etc.		
10a. Pursuant to the provisions of sections 620.1951 and 620.1952, Florida Statutes, the above-named limited partnership organized or registered under the lays 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). Thereby 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) 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number	
OVENS MANAGEMENT, INC.	Svite A113		PITTSBURGH PA 16662	P94000068308	
•			600002 -04/17/ ****\$	1.467661 /9701094015 41.21 ****541.21	
Note: Conerel partners MAY NOT	he changed on this form:	an amendr	ent must be filed to ch	ange a general partner	
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's pplied 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 pon-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 accounts a general partner. SIGNATURE No. DATE 4 8/97					
Timed as Brighed Name of Consul Parties Strains Same Overs House Consult Tive G. Deviling Tolombres Number (412) 276-1666					