FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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12/15

LIMITED PARTNERSHIP ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership: **VIBRON LIMITED**

1a. DOCUMENT # A95000001340

Mailing Address	Principal Office Address
POST OFFICE BOX 1407 FINDLAY OH 45839	2096 MACADAMIA ST. ST. JAMES CITY FL 33956

3. Date Formed or Registered: 09/08/1995

3a. Date of Last Report: 12/23/1996

4. State or Country of Formation: FL

5a. Capital Contributions as shown on record: $9,000.00

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

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 65-0615447 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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
KRAWETZ, STANLEY M ESQ. C/O SNYDER, GRONER, SCHIEB & CLAYTON 355 WEST VENICE AVE. VENICE FL 34285	Name: MICHAEL KRASNY Street Address (P.O. Box Number is Not Acceptable): 780 APOLLO BLVD. Suite, Apt. #, etc.: City: MELBOURNE FL Zip Code: 32901

10a. Pursuant to the provisions of sections 620.1051 and 620.132, 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 620.132 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 11-18-97

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)	11b. City, State & Zip Code	11c. Registration/ Document Number
OHFLO, INC.	2096 MACADAMIA STREET	ST. JAMES CITY FL 339	P95000053370

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****166.75 ****166.75

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) 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 12/11/97

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

(CR2E024-003 (10/97))