

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 26 PM 1:19

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001379

EGW ENTERPRISES, LTD.

Mailing Address

2845 AVENTURA BLVD., SUITE 114
AVENTURA FL 33180

Principal Office Address

2845 AVENTURA BLVD., SUITE 114
AVENTURA FL 33180

3. Date Formed or Registered

09/14/1995

3a. Date of Last Report

12/11/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record

\$700,000.00

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

65-0632062

☐ 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)

~~5265~~ 437.50

9. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

100002860961-7
-05/04/99 - 01003-025
*****88.75 *****88.75
FL

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
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

ALPHA H. INC.

2845 AVENTURA BLVD.,

AVENTURA FL 33180

P95000063765

BETA H. INC.

201 N.W. 82ND AVE., S

PLANTATION FL 33324

P95000067558

GAMMA H. INC.

201 NW 82ND AVE., SUI

PLANTATION FL 33324

P95000085514

DELTA H. INC.

201 NW 82ND AVE., SUI

PLANTATION FL 33324

P95000085507

4/5/99
10002860961-7
-05/04/99 - 01003-027
*****437.50 *****437.50

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

JAY D. CENBY MD

DATE

4/5/99

Typed or Printed Name of General Partner Signing Form

Telephone Number

(305) 933 6033

CR2E003 (12/98)