

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001577

INTRACOM PROPERTIES, LTD.

Mailing Address

Principal Office Address

550 COMMERCE BLVD
OLDSMAR FL 34677

550 COMMERCE BLVD
OLDSMAR FL 34677

2. Mailing Address

2a. Principal Office Address

P.O. Box 12217
Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Oldsmar, FL

Zip Country

Zip Country

34677-6819

9. Name and Address of Current Registered Agent

GORDON, BRUCE H
C/O SHUMAKER, LOOP & KENDRICK
101 EAST KENNEDY BLVD, SUITE 2800
TAMPA FL 33602

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent/Office

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
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

INTRACOM U.S.A., INC.

6015 BENJAMIN ROAD, S

TAMPA FL 33624

L78835

000000127672018101-1
-02/08/99-01021-013
****526.25 ****526.25

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)(g), 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Michael Thiel

DATE

Daytime Telephone Number

12/31/98
655 5550

CR2E003 (8/98)