## **FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

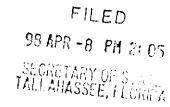
Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

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**DOCUMENT#** A95000001699

AST PERFECT WAVE PRODUCTIONS, LTD.





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Mailing Address  280 WEST-GANTON AVE SUITE 105  WANTER PARK FE 32729	Principal Office Address 280 WEST CANTON AVE SUITE 105 WINTER PARK FL 32789	3. Date Formed or Registered 10/19/1995 3a. Date of Last Report	58. Capital Contributions as Shown on record. \$300,000.00
	Suite. April  Suite. April  City  and 620.192, Florida Statutes, the above-named limited part or registered agent, or both, in the State of Florida. Such ch	dress (P.O. Box Number is Not Acceptable)  A 9 9 1 2 e	FL Zip Code 32789 the State of Florida, submits this statement
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA  MU	T IS A CORPORATION, LIMITED ST BE REGISTERED AND ACTI	PARTNERSHIP OR OTHIVE WITH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LAST PERFECT WAVE, INC.	-280-WEST-CANTON AVE.,  1799 Mizell Aue	WINTER PARK FL 32789 90002 -04/16 *****	<b>P94000049938</b> 4 <b>9 1 1 3 9 9</b> 79801104008 26, 25 ****526, 25
12. I do hereby certify that the information supplied w Corporations from any liability of non-compliance		ne exemption stated in Section 119.07(3)(k), Florid policid is deemed exempt from public access. I furl or oath. I further certify that I am a General Partner	a Statutes. I release the Division of her certify that the information indicated on of the limited partnership, receiver or trustee
SIGNATURE Typed or Brighed Name of Genovel Pedgar Signing Source	Toscal Toolkensky	DateDATE	4/5/98