

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

FILED

98 APR -8 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001699

LAST PERFECT WAVE PRODUCTIONS, LTD.

98-AR
CM



Mailing Address

Principal Office Address

~~280 WEST CANTON AVE SUITE 105~~
~~WINTER PARK FL 32789~~

280 WEST CANTON AVE.. SUITE 105
WINTER PARK FL 32789

3. Date Formed or Registered

10/18/1995

5a. Capital Contributions as
Shown on record.

\$300,000.00

3a. Date of Last Report

12/31/1996

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

\$300,000.00

2. Mailing Address

2a. Principal Office Address

1799 Mizell Ave

1799 Mizell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK FL

WINTER PARK, FL

Zip

Zip

32789

32789

4. State or Country of Formation

FL

6. FEI Number

59-3320119

☐ 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)

\$26.25

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

COLEMAN, S. RAY

~~280 WEST CANTON AVE., SUITE 105~~

~~WINTER PARK FL 32789~~

Name

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

1799 Mizell Ave

Suite, Apt. #, etc.

City

WINTER PARK

FL

Zip Code

32789

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

LAST PERFECT WAVE, INC.

~~280 WEST CANTON AVE.,~~
1799 Mizell Ave

WINTER PARK FL 32789

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****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)(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

DATE

4/5/98

Typed or Printed Name of General Partner Signing Form

Tessie Tankerski

Partners Telephone Number

628-0079

CR2E003 (12/97)