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

LIMITED PARTNERSHIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

| 1998 | 6. | Secretary of State DIVISION OF CORPORATIONS | | DIVISION OF CORPORATIONS | | | |
|---|---|---|---|---|--|--|--|
| 1. Name of Limited Partnership | 1 | 1a. DOCUMENT # A9500001837 | | | 98 JAN - 5 PM 12: 18 | | |
| JETPORT II, LTD. | | | | 1 10 10 11 10 10 10 10 10 10 10 10 10 10 | | | |
| Malling Address | Principal Office Address | | | 3. Date Formed or Registered | | 5a. Capital Contributions as Shown on record. | |
| 102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444 | 102 North Swinton Avenue Delray Beach FL 33444 | | | 11/27/1995 3a. Date of Last Report 01/13/1997 | \$102,000.00 5b. Amount of Capital Contributions in FLORIDA | | |
| 2. Malling Address | 28. Principal Office Address | 2a. Principal Office Address | | | Contributions in FLORIDA to date: | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | FL 6. FEI Number 65-0637417 | Applied For | | |
| City & State | City & State | | | 7. Certificate of Status Desired | | Not Applicable \$8.75 Additional Fee Required | |
| Zip Country | Zip | Zip Country | | 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/Olfice | | | | |
| WEINER, MICHAEL S 102 NORTH SWINTON AVENUE | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | | |
| DELRAY BEACH FL 33444 | | City City | | FL Zip Code | | | |
| 10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obligation | e or registered agent, or both, in the State of f | | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment | | | | DATE | | | |
| A GENERAL PARTNER THA | AT IS A CORPORATION, JST BE REGISTERED A | ND ACTIV | PARTI E WIT | NERSHIP OR OTHE H THIS OFFICE. | H BUSII | NESS ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gen- (Do NOT Use Post Office | | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | |
| JETPORT II, INC. | 102 NORTH SWINTON A | 102 NORTH SWINTON AVE | | DELRAY BEACH FL 33444 | | P95000086595 | |
| 4 . | | | | 300002 -01/27 *****5 | 4124 /9301 41.25 | 1536 003002 ****541.25 | |
| | | 75 | | dee | | | |
| Note: General partners MAY N | | | | | | | |
| I do hereby certify that the information supplied v Corporations from any liability of non-compliance this annual report is true and accurate and that in empowered to execute this report as required by | e with Section 119.07(3)(k) in the event that the ny signature shall have the same legal effects | information supp as if made under o | lied is deem | ed exempt from public access. I furth | er cerlify that th | e information indicated on | |

Typed or Printed Name of General Partner Signing Form

SIGNATURE ___

By: November 12, 1997

Michael S. Weiner, President Daytime Telephone Number (561) 265-2666