

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 JAN -2 AM 10: 03

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002027

WOOLFOLK, LTD.



Mailing Address

C/O BRUCE WOOLFOLK
1440 S.E. 15TH STREET, #4
FT. LAUDERDALE FL 33316

Principal Office Address

C/O BRUCE WOOLFOLK
1440 S.E. 15TH STREET, #4
FT. LAUDERDALE FL 33316

3. Date Formed or Registered

12/26/1995

3a. Date of Last Report

01/07/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record.

\$902,000.00

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

902,000.00

2. Mailing Address

C/O Darryl Hinkle
Suite, Apt. #, etc.
2600 NE 14th ST Causeway
City & State
Pompano Beach, FL
Zip Country
33062 Broward

2a. Principal Office Address

C/O Darryl Hinkle
Suite, Apt. #, etc.
2600 NE 14th ST Causeway
City & State
Pompano Beach, FL
Zip Country
33062 Broward

6. FEI Number

65-6192198

☐ 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)

9. Name and Address of Current Registered Agent

WOOLFOLK, BRUCE
1440 S.E. 15TH STREET, #4
FT. LAUDERDALE FL 33316

10. If changed, new Registered Agent/Office

Name **Darryl Hinkle**
Street Address (P.O. Box Number Is Not Acceptable)
2600 NE 14th ST Causeway
Suite, Apt. #, etc.
City **Pompano Beach** FL Zip Code **33062**

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)

Darryl Hinkle

DATE **12/31/97**

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)

WOOLFOLK, BRUCE
WOOLFOLK, BETTY

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1440 S.E. 15TH STREET
13270 SIR FRANCES DRA

11b. City, State & Zip Code

FORT LAUDERDALE FL 33
INVERNESS CA 94937

11c. Registration/Document Number

300002407503--5
-01/21/98-01/19/013
******541.25 ****541.25**

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

Bruce Woolfolk

DATE **12/29/97**

Typed or Printed Name of General Partner Signing Form

Bruce Woolfolk

Daytime Telephone Number

319 362-8915

CR2E003 (6/97)