

CAPITAL CONNECTION, INC.
 417 E. Virginia Ave., Suite 200, Norfolk, VA 23502-2487
 Mailing Address: Post Office Box 134, Norfolk, VA 23502
 TEL: (904) 993-8500
 FAX: (904) 222-1221

A96000000087 of Perkins Limited Partnership

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

BK 1/11/96

G. TAX _____
 FILING 17.50.00
 R. AGENT FEE 35.00
 G. COPY 52.50
 TOTAL 105.00
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	<u>1/11/96</u>		
TIME	<u>11:00</u>		
BY	<u>CD</u>		CK No. _____

WALK-IN 1/11 12:00
 Will Pick Up _____

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
☒ Ltd. Partnership File		
Foreign Corp. File		
☒ Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service	300001689153	
Document Filing	-01/16/96--01018--008	
	***1750.00 ***1750.00	
Corporate Kit	300001689153	
Vehicle Search	-01/16/96--01018--009	
Driving Record	*****87.50 *****87.50	
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 JAN 11 AM 11:58
 RECEIVED
 96 JAN 11 AM 10:20
 DIVISION OF CORPORATIONS

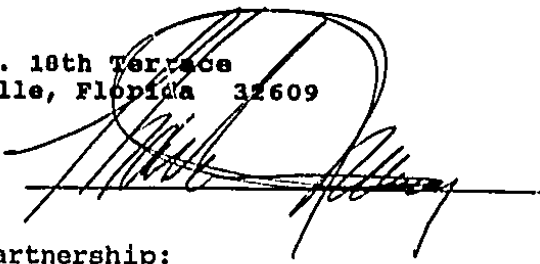
FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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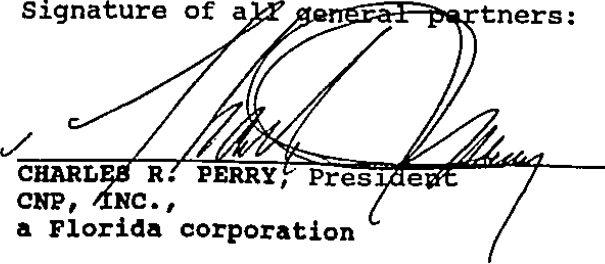
1. Name: PERRY FAMILY LIMITED PARTNERSHIP
2. Address: 2500 N.E. 18th Terrace
Gainesville, Florida 32609
3. Registered Agent: CHARLES R. PERRY
4. Street Address: 2500 N.E. 18th Terrace
Gainesville, Florida 32609
- ✓ 5. Registered Agent Signature: 
6. Mailing Address of Limited Partnership:

2500 N.E. 18th Terrace
Gainesville, Florida 32609
7. The latest date upon which the limited partnership is to be dissolved is: December 31, 2020
8. Name(s) of general partner(s) Street Address
CNP, INC., P960000002638 2500 N.E. 18th Terrace
a Florida Corporation Gainesville, Florida 32609

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

✓ Signed this 10 day of JANUARY, 1996.

Signature of all general partners:


CHARLES R. PERRY, President
CNP, INC.,
a Florida corporation

SOLE GENERAL PARTNER

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

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DIVISION OF CORPORATIONS
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The undersigned constituting all of the General Partners of the
PERRY FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership
certify:

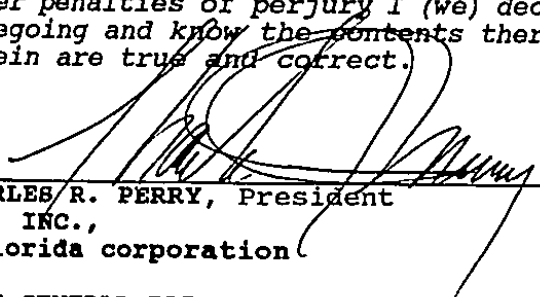
The amount of capital contributions to date of the Limited Partners
is \$ 0.00.

The total amount contributed and anticipated to be contributed by
the limited partners at this time totals \$1,770,000.00.

✓ Signed this 10th day of JANUARY, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I (we) declare that I (we) have read the
foregoing and know the contents thereof and that the facts stated
herein are true and correct.

✓ 

CHARLES R. PERRY, President
CNP, INC.,
a Florida corporation

SOLE GENERAL PARTNER