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

1. Name of Limited Partnership

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1a. DOCUMENT # **A9600000095**

ORLANDO FOOD STORES, LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC - 1 PM 1:00



| | • | | | |
|--|--|---|---|--|
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 9551 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE FL 32256 | SUITE 5 9551 BAYMEADOWS ROAD. SUITE 5 JACKSONVILLE FL 32256 | | 01/12/1996 3a. Date of Last Report | \$750,000.00 |
| | | | 12/11/1996 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 2. Malling Address | 2a. Principal Office Address | | FL | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number 59-36 | 5311 Applied For |
| City & State | City & State | | APPLIED FOR 7. Certificate of Status Desired | Not Applicable S8.75 Additional |
| Zip Country | 7 _{ip} Country | | | Fee Required State (Soo reverse side for fee information) |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, now Registered Agent/Office | |
| ORLANDO FOOD STORES, INC. 9551 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE FL 32256 | | Name Street Address (P.O. Box Number Is Not Acceptable) Suito, Apt. #, etc. | | |
| | | City ****\$41.25 ****\$41.25 FL | | |
| 10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS | pistered agent, or both, in the State of Fic I section 620 192, Florida Statules. | orida. Such change was a | uthorized by its general partner(s). I here DATE TNERSHIP OR OTHE | bby accept the appointment of registered |
| 11. Name(s) of Goneral Partner(s) | BE REGISTERED AN Addross of Each General | . (D | | 11c. Registration/ |
| 11. Name(s) of Contonar Particules | 11a. (Do NOT Use Post Office Br | ox Numbers) | City, state a 719 code | Bocument (Manager |
| ORLANDO FOOD STORES, INC. | 9551 BAYMEADOWS ROAD, J | | CKSONVILLE FL 32256 | P95000073727 |
| | | | | KWM |
| Note: General partners MAY NOT b | | | | |
| 12. I do hereby certify that the Information supplied with this Corporations from any liability of non-compliance with St this annual report is true and accurate and that my signa empowered to execute this report as required by chapte. | ection 119.07(3)(k) in the event that the in iture shall have the same legal effects as | nformation supplied is de | omed exempt from public access. I furthe ther certify that I am a General Partner of | er certify that the information indicated on the limited partnership, receiver or trusted |
| SIGNATURE DATE 11/25/97 Typed or Printed Name of Gonoral Partner Signing Form W1/1470 G. Schwing G. Daytime Telephone Number 904-730-2660 | | | | |
| Typed or Printed Name of General Partner Signing Form W///(1776) Schwing of Daytime Telephone Number 904-730-2660 | | | | |