## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR -9 AM 9: 22



Mailing Address 1286 S. CLEVELAND AVE. SUITE 214 FORT MYERS FI. 33807  2. Mailing Address 2. Principal Office Address FORT MYERS FI. 33807  3. Date of Last Report 4. State or Country of Formation F. Country F.		A9600000429				
1296 S. CLEVELAND AVE. SUITE 214   1296 S. CLEVEL	CORKSCREW VILLAGE PARTI	NERS, LTD.			OCIH DOM DOM OSH OSH ONI DOM SING IN IN 1881	
28. Principal Office Address  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  To Country  Typ  Country  Ty	12995 S. CLEVELAND AVE., SUITE 214	12995 S. CLEVELAND AVE., SUITE 214		03/01/1996	\$1000,000.00 \$1000,000.00 \$14.614-9-97	
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		IO DOLE.	
City & State    City & State   City & State   City & State   Country   Zip	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Zip Country  Zip Country  8, Make check payable to: Dept. of State (See reverse aids for fee information  9, Name and Address of Current Registered Agent  10, If changed, new Registered Agent/Office  Name  12995 S. CLEVELAND AVE., SUITE 214  FORT MYERS FL 33907  Suite, Agt. #, etc.  104, 15, 97 - 0100,2 - 001  Suite, Agt. #, etc.  104, Agt. #, etc.  104, Agt. #, etc.  105, By Suite, Agt. #, etc.  106, By Suite, Agt. #, etc.  107, By Suite, Agt. #, etc.  108, Pursuant to the provisions of sections 820, 103 and 820, 192. Florida Statutes, the above-named limited permentilip organized or registered under the lews of the State of Florida, submits into statement in an immiliar with, and accept the obligations of section 620, 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Agentiment)  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  11b, City, State & Zip Code  11c, Pagintation  Pagintation  Pagintation  Pagintation  Pagintation  Note: General partners, INC.  12995 S. CLEVELAND AV  FORT MYERS FL 33907  P94000045208  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12c. to hereby certify that the information supplied with this sting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(30), Picrida Statutes. Indexe the Division of company pagint is used and accepting from pagint pagint pagint on decrease and pagint of the supplied state of the State of Postation and Company pagint pagint pagint on the same paging from pagint pagint pagint pagint on formation supplied with the information manual paging is to me discerned profession and pagint pagint pagint on the same paging pagint pagint is used and accept the limiting pagint	City & State	City & State	City & State			
9, Name and Address of Current Registered Agent  HAFELE, DALE G 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907  The suite of Control of Sections 620 1051 and 820 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the Site of Florida, submits his statement the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such changes was authorized by its general partner(e). I hereby accept the appointment of registered agent and accept the deligations of section 620 102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the Site of Florida, submits his statement in the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such changes was authorized by its general partner(e). I hereby accept the appointment of registered agent in an familiar with, and accept the deligations of section 620 192, Florida Statutes. The state of Florida Statutes is such changes was authorized by its general partner(e). I hereby accept the appointment of registered agent and accept the appointment of registered agent and accept the deligations of section 620 192, Florida Statutes. The State of Florida Statutes is such changes was authorized by its general partner(e). I hereby accept the appointment of registered agent and accept the appointment of registered agent in the properties of the state of Florida Statutes. The State of Florida Statutes is such acceptance and	Zip Country	Zip	Country			
HAFELE, DALE G 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907  Sinter, Apt. F. etc.  Surfay, Apt. F. etc.  Surfay, Apt. F. etc.  W***\$585.00  DATE  SIGNATURE (Registered Agent Accepting Appointment)  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 (b) NOT Use Post Office Box Numbers  11b. City, Siste & Zp Code  11c. Registration Document Number  CORKSCREW PARTNERS, INC.  12995 S. CLEVELAND AV  FORT MYERS FL 33907  P94000045208  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. 150 hereby certify that the Information supplied with this liting is volunterly furnished and does not qualify for the exemption stated in Section 119 07(3)(4), Florids Statues. Ir elease the Division of corporations from any liability of non-garplaince with Section 119 07(3)(4), Florids Statues. Ir elease the Division of corporations from any liability of non-garplaince with Section 119 07(3)(4), Florids Statues. Ir elease the Division of corporations from any liability of non-garplaince with Section 119 07(3)(4), Florids Statues. Ir elease the Division of corporations from any liability of non-garplaince with Section 119 07(3)(4) that the Information supplied is deemed everant from certify that the Information dicitated on the same uplace and the same uplace and the same uplace on the same uplace of the same uplace on the same						
HAFFLE, DALE G 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907  Sites Apt. *, etc.	9. Name and Address of Current Registered Agent					
City  FL  Zip Code  10a. Pursuant to the provisions of sections 620 1051 and 520 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, autimits this statement 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 and mainlier with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Hegistered Agent Accepting Appointment)  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)  CORKSCREW PARTNERS, INC.  12995 S. CLEVELAND AV  FORT MYERS FL 33907  P94000045208  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. 1 to hereby certify that the information supplied with this filling 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 labelity of non-pareplance with Section 119 07(3)(k) in the event that the information supplied deeper deeper for the filled promethy), received or trustee	12995 S. CLEVELAND AVE., SUITE 214		Street Address (P.O. Box Number 12 NT NCS 12 1 1 2 2 1 3 6;			
10a. Pursuant to the provisions of sections 820.1051 and 820.192. Florida Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, submits this statement the purpose of changing its registered eighn, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent to purpose of changing its registered depent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent to an application of the such partners of the suppointment of registered agent.  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  12995 S. CLEVELAND AV  FORT MYERS FL 33907  P94000045208  Note: General partners MAY NOT be changed on this form; an amendment must be filled 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-particulated on the country of the partner of the kindled partnership, receiver or trustee of the internation of the partner of the kindled partnership. The accurate yof this year partner of the kindled partnership, receiver or trustee.			City Zip Code			
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empowered to execute this report as required by intention of the statutes.	12. I do hereby certify that the Information supplied with Corporations from any liability of non-compliance with annual report is true and accurate and that my signal empowered to execute this report as required by	this filing is voluntarily furnished and does in Section 119.07(3)(k) in the event that the ture skall have the same legal effects as if opte 670. Florida Statutes.	not qualify for the a information suppli made under oath.	exemption stated in Section 119.07(3)(k), Florida ed is deemed exempt from public access. I furth I further certify that I am a General Partner of the	Statutes. I release the Division of er certify that the Information Indicated on this b limited partnership, receiver or trustee	
SIGNATURE  DATE  V.C. OF SOLD GENERAL VANTNER  Typed or Printed Name of General Partner Signing Form  CORKSCATU PARTNER.  Daylime Telephone Number  971-278-1121	SIGNATURE  DALE HAFELE V.P. O	F SOLD GENERA	LYART	NER Dayling Talachas Number		