

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

97 NOV 24 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name of Limited Partnership

1a. DOCUMENT #  
A96000000432

NAVARRO FAMILY LIMITED PARTNERSHIP

98-AR  
CM



1. Mailing Address 10 MISSOURI AVENUE TAMPA FL 33619		Principal Office Address 2810 MISSOURI AVENUE TAMPA FL 33619		3. Date Formed or Registered 03/01/1996	5a. Capital Contributions as Shown on record. \$5,000.00
2. Mailing Address 2810 MISSOURI Suite, Apt. #, etc. AVE TAMPA 33619 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Tampa Zip Country		3a. Date of Last Report 10/24/1996	5b. Amount of Capital Contributions in FLORIDA to date: 5,000.00
				4. State or Country of Formation FL	6. FEI Number 59-3363475 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$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

NAVARRO, ROBERT  
2810 MISSOURI AVENUE  
TAMPA FL 33619

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL Zip Code

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)

*Robert Navarro*

DATE 11-17-97

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) NAVARRO, ROBERT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2810 MISSOURI AVENUE	11b. City, State & Zip Code TAMPA FL 33619	11c. Registration/Document Number 000002360910--0 -12/02/97--01061--017 ****158.25 ****156.25
--	---	---	--

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

DATE

Typed or Printed Name of General Partner Signing Form

ROBERT

NAVARRO

Daytime Telephone Number

(813)

628-0630