

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB 26 AM 8:48



1. Name of Limited Partnership	1a. DOCUMENT # A96000000526
FLORDECO, LTD.	

Mailing Address 3591 FOWLER STREET FT. MYERS FL 39901	Principal Office Address 3591 FOWLER STREET FT. MYERS FL 39901
2. Mailing Address P.O. BOX 6966	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FORT MYERS, FL	City & State
Zip 33911	Country U.S.A.

3. Date Formed or Registered 03/19/1996	5a. Capital Contributions as Shown on record. 279,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 279,000.00
4. State or Country of Formation FL	6. FEI Number 65-0671467
7. Certificate of Status Desired <input checked="" 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 CRONIN, THOMAS R SR. 3591 FOWLER STREET FT. MYERS FL 39901	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) \_\_\_\_\_ 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) INVESTORS TRUST, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3591 FOWLER STREET	11b. City, State & Zip Code FT. MYERS FL 39901	11c. Registry/ Document Number P65000081349
600002099886--4 -02/27/97--01056--005 ***585.00 ***585.00			

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 Thomas R. Cronin DATE 2/5/97  
Typed or Printed Name of General Partner Signing Form THOMAS R. CRONIN SR Daytime Telephone Number 941-936-8888