## 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

1a. DOCUMENT # **A9600000587** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 26 AM 9:31



HAPPLE FOODS, A FLORIDA LIMITED PARTNERSHIP			I TORKETH TREE SELLER BUTTH BRANCE		
			\$1129	TEL	
failing Address	Principal Office Address		3. Date Formed or Registered	<b>58.</b> Capit Show	al Contributions as n on record.
1745 International Court N. It. Petersburg FL 33716	9745 INTERNATIONAL COURT N. ST. PETERSBURG FL 33716		03/22/1996 3a. Date of Last Report	\$170,000.00	
			04/07/1997	5b. Amor	unt of Capital ributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to da	le:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	6. FEI Number		Applied For
City & State	City & State	59-3367623		Not Applicable	
Zip Country	Zip Cou	untry	7. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required
<u>.</u>			8. Make check payable to: Dept. of	State (See rev	erse side for fee information
9. Name and Address of Cur	rrent Registered Agent		10. If changed, new Registere	d Agent/Office	
		Name			
HAPPEL, JAMES A 9745 INTERNATIONAL COURT N.		Street Address (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33716	Si	luite, Apt. #, etc.			*******
ST. PETERSBURG FL 33716		luite, Apt. #, etc.		FL	Zip Code
Qa. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of changing its registered of the provisions of sections 620.105 for the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of changing its registered of the purpose o	1 and 620.192, Florida Statutes, the above-named lim e or registered agent, or both, in the State of Florida. stations of section 620.192, Florida Statutes.	City	thorized by its general partner(s). I here	ne State of Flor eby accept the	ida, submits this statemen
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1. Ido 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. Frelease 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee ampowered to execute this report as required by chapter 620. Florida Statutes.

SIGNATURE

JAMES HAPPEL

DATE 12-29-97

Typed or Printed Name of General Partner Signing Form JAMPS HAPPEL Daytime Telephone Number 8/3 - 576 - 4100