## 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

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DOCLIMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 30 AM 9: 49

1. Name of Limited Partnership	Å9600000609				
AKERS AWAY, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
1721 SW 68 AVE. PLANTATION FL 33317	1721 SW 68 AVE. PLANTATION FL 33317		03/26/1996 38. Date of Last Report	\$465,300.00	
		***	03/12/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address LOYHO GNOEN KACUF CT		ilf ct	FL		
Sulte, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	- <del>1</del>	6. FEI Number 65-0645633	Applied For Not Applicable	
PLANTATION FL Zip Country	PLANTATION, FL	untry	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
33324	33324		8. Make check payable to: Dept. of	State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent  Name  STAIR, DARYL L			10. If changed, new Registered Agent/Office		
1721 SW 88 AVE. LO 440	COLDEN FACE CL	reet Address (P.C. Suite, Apt. #, etc	. Box Number Is Not Acceptable)		
PLANTATION FE 33317 PLANTA	THE 1 PC 33329	Dity		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or report. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Florida.		authorized by its general partner(s). I her	he State of Florida, submits this statement eby accept the appointment of registered	
A GENERAL PARTNER THAT  MUST	S A CORPORATION, LIN	MITED PAR	RTNERSHIP OR OTHE		
11. Name(a) of General Partner(s)	11a. Address of Each General Par (Do NOT Use Post Office Box Nu		····	11c. Registration/ Document Number	
STAIR'S MANAGEMENT, INC.	<del>-1721 SW 68 AV</del> E.	PI	ANTATION FL <del>20017</del>	695923	
	letho Corden Es	cte	33324		
			-02/04	4216195 /9801096003 41.25 ****541.25	
4.	37.50 103.75		des		
Note: General partners MAY NOT					
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sig empowered to execute this report as required by chap.	Section 119.07(3)(k) in th <mark>e e</mark> vent that the inform nature shall have the sam <mark>e leg</mark> al effects as if ma	ation supplied is de	eemed exempt from public access. I furth	er certify that the information indicated on	

SIGNATURE	Ξ
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Typed or Printed Name of General Partner Signing Form

DARYL

L. STOIR

Daytime Telephone Number \_

954-581-6200

DATE 12/31/97