

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 15 AM 11:30



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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

1a. DOCUMENT #
A96000000859



MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP

Mailing Address 431 NORTH EAST TENTH TERRACE BOCA RATON FL 33432		Principal Office Address 431 NORTH EAST TENTH TERRACE BOCA RATON FL 33432		3. Date Formed or Registered 05/07/1996	5a. Capital Contributions as Shown on record. \$1,500,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-067751	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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 SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 800002065018--2	
		Suite, Apt. #, etc. -01/22/97--01146--019	
		City FL	
		Zip Code ***576.25 ***576.25	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
VECCIA, JOSEPH W JR.	431 NORTH EAST TENTH	BOCA RATON FL 33432	KWM
VECCIA, MARY	431 NORTH EAST TENTH	BOCA RATON FL 33432	

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 *Joseph W. Veccia Jr.* DATE 11/25/96
Typed or Printed Name of General Partner Signing Form JOSEPH W. VECCIA JR. Daytime Telephone Number 1-561-395-3950

CR2E003 (6/96)