

**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

95 DEC 18 AM 11:17

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000947

MUNICIPAL ASSET SYSTEMS CORPORATION, LTD.



Mailing Address

ATTN: RICHARD HEITMEYER
1700 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

Principal Office Address

ATTN: RICHARD HEITMEYER
1700 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

3. Date Formed or Registered
05/22/1996

5a. Capital Contributions as
Shown on record
\$9,900.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

6. FEI Number

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

Zip Country

Zip Country

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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)

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

CAPITAL ASSET HOLDINGS GP, I

1700 PALM BEACH LAKES

WEST PALM BEACH FL 33

P96000043695

EX-102-1150-1-3
-12/27/95--01107-000
***208.05 ***208.05

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

Ronald H. Harkness, Treasurer, Capital Asset Holdings GP, Inc. DATE **10-25-96**

Typed or Printed Name of General Partner Signing Form

CAPITAL ASSET HOLDINGS, GP, INC. Daytime Telephone Number **(561) 689-9700**