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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



empowered to execute this report as required by chapter 620, Florida Statutes

Typed or Printed Name of General Partner Signing Form Jane Fogel, as Irustee of the Jane Fogel Partner Signing Form Jane Fogel Revocable Trust

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600001061**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT -8 AMIO: 15



OGEL FAMILY INVESTMENTS, LTD.			0. 1 1-				
				5K 10/8/9(0 5a Carelle	L Contributions se	
ailing Address	Principal Office Address		3	3. Date Formed or Registered 05/31/1996		5a. Capital Contributions as Shown on record \$3,043, 190.88	
2580 South Ocean Blvd. Palm Beach Fl 33480	2580 SOUTH OCEAN BLVD. PALM BEACH FL 33480						
			3	a. Date of Last Report	Eb .		
			4	State or Country of Formation	DD. Amobi Contri to date	nFof Capital outlons in FLOR DA	
2. Mailing Address	2a. Principal Office Ad	2a. Principal Office Address		FL FL		3,043,190.88	
Suite, Apt. #, etc.	Suite, Apt #, etc.		6	, FEI Number		Applied For	
City & State	City & State	City & Stale		Applied for	Not Applicable		
Zip Country	Zip	Country	7	 Certificate of Status Desired 	Ü	\$8.75 And tional Fee Requireo	
	Zip		8	. Make check payable to Dept. o	f State (Sec revo	rse side for fee informa	
9 Name and Address of Cu	rrent Registered Agent			10. If changed, new Registere	ed Agent/Office		
FOGEL, SYDNEY S		Name	Name 4[11] 1 1 5 7 1 4 1 4 Street Address (P.O. Box Number is Not Accepted 0/11/95 -1)1021 018				
2580 SOUTH OCEAN BLVD.		Street Addr	Street Address (P.O. Box Number Is Not Accepta 19/11/36 1)1921 1918 1918 1918 1918 1918 1918 1918				
PALM BEACH FL 33480		Suite, Apt #	Suite, Apt #, etc				
		City	City		FŁ	Zip Code	
agent I am familiar with, and accept the oblig GGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA	AT IS A CORPORAT	ION, LIMITED	PARTN	DATE ERSHIP OR OTHE		NESS ENTII	
ML	JST BE REGISTERE	ED AND ACTIV	/E WITH 11b.	THIS OFFICE.		Registration/	
Name(s) of General Partner(s)	11a. (Do NOT Use Pa	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Document Number	
FOGEL, SYDNEY S TRUSTEE	2580 SOUTH OCEAN BLVD		PALM BEACH FL 33480				
FOGEL, JANE TRUSTEE	2580 SOUTH O	2580 SOUTH OCEAN BLVD		PALM BEACH FL 33480			