

FOR 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

96 DEC 30 PM 12: 07



1. Name of Limited Partnership	1a. DOCUMENT # A96000001118
EASTERN ATLANTIC, LTD.	

Mailing Address 4747 HOLLYWOOD BLVD., #267 HOLLYWOOD FL 33021	Principal Office Address 4747 HOLLYWOOD BLVD., #267 HOLLYWOOD FL 33021	3. Date Formed or Registered 06/13/1996	5a. Capital Contributions as Shown on record. \$7,500.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$500,000.00
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0676302	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
LAW OFFICE OF RUDOLPH M. DI LASCIO, JR. PA 5798 JOHNSON STREET HOLLYWOOD FL 33021	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
PROSERVE INTERNATIONAL, INC.	4747 HOLLYWOOD BLVD.,	HOLLYWOOD FL 33021	P96000050216
300002055623--6 -01/13/97--01041--015 ***2326.25 ***576.25			
dec 576.25			

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 DATE **12/9/96**
Typed or Printed Name of General Partner Signing Form **Ronald L. Schmidt (President)** Daytime Telephone Number **(954) 475-2369**
Proserve International Inc

CR2E003 (6/96)