## 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

1. Name of Limited Partnership

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT - 1 PH 1:55



RINCE COMMUNICATIONS, LTD.			
Principal Office Address 1600 CAPITAL CIRCLE, S.W.		3. Date Formed or Rog stered 07/01/1996	5a. Capital Contributions as Shown on record \$990.00
TALLAHASSEE FL 32310		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA
2a. Principal Office Address		4. State or Country of Formation	990.00
Suite, Apt #, etc.		6. FEI Number	Applied For Not Applicable
City & State			\$8.75 Additional
Zip	Country		Fee Required of State (See reverse side for fee information
Current Registered Agent	Name	10. If changed, new Register	red Agent/Office
1600 CAPITAL CIRCLE, S.W. TALLAHASSEE FL 32310		3L0 -10/0	DDD 1967123 18/96-01049-002 200.00 ****200.00 FL
Iffice or registered agent or both, in the State of ligations of section 620-192, Florida Statutos lent).	Florida Such change wa	DAT  RTNERSHIP OR OTH	ereby accept the appointment of registers
			11c. Registration/ Document Number
· · · · · · · · · · · · · · · · · · ·		TALLAHASSEE FL 32310	P96000055005
	Principal Office Address  1600 CAPITAL CIRCLE. S.W. TALLAHASSEE FL 32310  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip  Current Registered Agent  Discovered agent or both, in the State of ligations of section 620 192, Florida Statutes  ent)  HAT IS A CORPORATION UST BE REGISTERED A  Address of Each Ger  11a. (Do NOT Use Post Office)	Principal Office Address  1600 CAPITAL CIRCLE, S.W. TALLAHASSEE FL 32310   2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country   Current Registered Agent  Name  Street Address (P. Suite, Apt. #, etc.  City  051 and 620 192 Florida Statutes, the above-named limited partnership flice or registered agent or both, in the State of Florida. Such change we ligations of section 620 192, Florida Statutes  ent)  HAT IS A CORPORATION, LIMITED PAIUST BE REGISTERED AND ACTIVE V	Principal Office Address 1800 CAPITAL CIRCLE. S.W. TALLAHASSEE FL 32310  2a. Principal Office Address  Suite, Apt. #, etc.  City 8 State  7. Certificate of Status Desired  Typ  Country  8. Make check payable to Dept.  Surrent Registered Agent  10. If changed, nex. Register.  Street Address (P.O. Box Number Is Not Acceptable).  Suite. Apt. #, etc.  Street Address (P.O. Box Number Is Not Acceptable).  Suite. Apt. #, etc.  10. If changed new Register.  Street Address (P.O. Box Number Is Not Acceptable).  Suite. Apt. #, etc.  11. Oty  Apt. # etc.  12. Oty  13. Date Farmed or Riog stored  07/01/1996  3a. Date Farmed or Riog stored  7b. Fill Number  5 9 - 33 89 5 /  7b. Certificate of Status Desired  8b. Make check payable to Dept.  Suite. Apt. #, etc.  Street Address (P.O. Box Number Is Not Acceptable).  Suite. Apt. #, etc.  11. Oty  Apt. The Acceptable of Fior. Acceptable of Fi

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Trelease 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. Flurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as it made under oath. I further certify that I am a General Partner of the first edipartnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Stalules

SIGNATURE Stances Casey Lowe, Vice President DATE
Typed or Printed Name of General Partner Signing Form Frances Casey Law, Vice President & Dayline Telephone Number