## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

FILED

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A9600001257				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
CEMAC INTERNATIONAL, LTD	).			IALLANAGEL,		
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1790 HAMMOCK DR. AMELIA ISLAND FL 32034	1790 HAMMOCK DR. AMELIA ISLAND FL 32034  2a. Principal Office Address			06/28/1996 3a. Date of Last Report 12/22/1997 4. State or Country of Formation	\$1,500,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	City & State		65-0713137 7. Certificate of Status Desired	Not Applicable	4
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			10. If changed, new Registered Agent/Office			
MELTZER, C. CURTIS  1790 HAMMOCK DR.  AMELIA ISLAND FL 32034  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-name for the purpose of changing its registered office or registered agent, or both, in the State of Floring agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, I			Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  ed limited partnership organized or registered under the laws of the State of Florida, submits this statement ida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered			
A GENERAL PARTNER THAT MUS	T BE REGISTERED AN	D ACTIV	PART E WIT	THE OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c. Registration/ Document Number	_ _
CEMAC INTERNATIONAL, INC.	1790 HAMMOCK DR.		AME	ELIA ISLAND FL 3203 100021 -10/28	P96000055885 B 750710 788-01092-011	CR2F003 (8/98
				dcc_		
Note: General partners MAY NOT	be changed on this form	ı; an ame	endme	nt must be filed to cha	nge a general partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chapter.	Section 119.07(3)(k) in the event that the inf gnature shall have the same legal effects as it	ormation suppli	ied is deem	ed exempt from public access. I further	certify that the information indicated on	
SIGNATURE Centre)	Meltyn			DATE 1	7 0 2 + 98	