FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000001511

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| | RS, LTD. | | | |
|---|--|---|--|---|
| Mailing Address P. O. BOX 100527 FT. LAUDERDALE FL 33310 | Principal Office Address 3317 N.W. 10TH TERRACE, SUITE 409 FT. LAUDERDALE FL 33309 | | 3. Date Formed or Registered 08/13/1996 3a. Date of Last Report 10/18/1996 | 5a. Capital Contributions as Shown on record \$1,275,000.00 5b. Amount of Capital ORIDA Contributions in |
| 2. Mailing Address | 28. Principal Office Address | | 4. State or Country of Formation | 1, 275, 000.00 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. F£I Number | Applied For |
| City & State | City & State | | 65-0690250 7. Certificate of Status Desired | Not Applicable |
| Zip Country | Zip Country | | 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information of the Information of | |
| 9. Name and Address of Cu | urrent Registered Agent | | 10, If changed, new Rogisters | ed Agent/Office |
| GORDON, ALLEN 3317 N.W. 10TH TERRACE, SUITE 409 FT. LAUDERDALE FL 33309 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | |
| | The state of the s | anteo limiteo partnersi | hip organized or registered under the laws of t | he State of Florida, submits this stateme |
| for the purpose of changing its registered offi- agent. I am familiar willi, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. | ce or registered agent, or both, in the State of pations of section 620 192, Florida Statutes. att) _ AT IS A CORPORATION | Florida Such change | e was authorized by its general partner(s). The | oby accept the appointment of reg sten |
| for the purpose of changing its registered office agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. MI | ce or registered agent, or both, in the State of pations of section 620 192, Florida Statutes int) _ AT IS A CORPORATION UST BE REGISTERED A | , LIMITED F | DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE. | R BUSINESS ENTIT |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obliging signature (Registered Agent Accepting Appointment A GENERAL PARTNER TH. MI | ce or registered agent, or both, in the State of pations of section 620 192, Florida Statutes. att) _ AT IS A CORPORATION | , LIMITED F IND ACTIVE neral Partner e Box Numbers) 1 | DATE WITH THIS OFFICE. | oby accept the appointment of register |
| for the purpose of changing its registered officagent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. MI 11. Name(s) of General Partner(s) | ce or registered agent, or both, in the State of jations of section 620 192, Florida Statutos. AT IS A CORPORATION UST BE REGISTERED A Address of Each Got NOT Use Post Office | , LIMITED F IND ACTIVE neral Partner e Box Numbers) 1 | DATE PARTNERSHIP OR OTHE WITH THIS OFFICE. 11b. City, State & 7/p Code FT. LAUDERDALE FL 333 | R BUSINESS ENTIT |
| for the purpose of changing its registered officagent. I am familiar wills, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. MI 11. Name(s) of General Partner(s) | ce or registered agent, or both, in the State of jations of section 620 192, Florida Statutos. AT IS A CORPORATION UST BE REGISTERED A Address of Each Got NOT Use Post Office | , LIMITED F IND ACTIVE neral Partner e Box Numbers) 1 | DATE PARTNERSHIP OR OTHE WITH THIS OFFICE. 11b. City, State & 7/p Code FT. LAUDERDALE FL 333 | R BUSINESS ENTITY 11c. Registration/ Document Number P96000064197 |

this annual report is true and accurate and that my signature shall have the way up a effects as if made under eath. 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 Syriya

SIGNATURE

Typed or Printed Name of General Partner Signing Form

ALLOW

DATE 9-29-97

Daytime Telophone Number (954) 565-4536