## FILE ON OR BEFORE APRIL 8,1998 TO AVOID . REVOCATION AND \$500 PENALTY FEE

LIMITEĎ PARTNERSHIP ANNUAL REPÖRT

1998



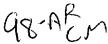
FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT #** A96000001619

ARANTA LIMITED PARTNERSHIP



FILED

98 MAR 30 AM 9: 26

SECRETART OF STATE TALLAHASSEE, FLORIDA



	18-18	EM				
Mailing Address 123 THORNTON DRIVE	Principal Office Address 123 THORNTON DRIVE	,		Show	5a. Capital Contributions as Shown on record. \$342,607.66  5b. Amount of Capital Contributions in FLORIDA to date:	
WEST PALM BEACH FL 33418	WEST PALM BEACH FL 33418					
2. Malling Address	28. Principal Office Address			to da		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For	
City & State	City & State				Not Applicable \$8.75 Additional	
Zip Country	Zip	Country		8, Make check payable to: Dept. of State (See reverse side for fee information		
9. Name and Addr	ress of Current Registered Agent	1	10. If changed, new Registe	red Agent/Office		
ANTONIOU, IRENE D		Name				
123 THORNTON DRIVE		Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33418		Suite, Apt. #, etc.				
		City Zip Code				
				FL	2-ip 0006	
for the purpose of changing its regin agent. I am familiar with, and accep	ns 620.1051 and 620.192, Florida Statutes, the above-name stered office or registered agent, or both, in the State of Ficot the obligations of section 620.192, Florida Statutes.		ge was authorized by its general partner(s). I hi	ereby accept the		
SIGNATURE (Registered Agent Accepting A	R THAT IS A CORPORATION, I	MITED	DADTNESSUID OF OTH		NECC ENTITY	
A GENERAL PARTNE	MUST BE REGISTERED AN	D ACTIV	'E WITH THIS OFFICE.	EN BUSI	NESS ENTIT	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	75 T	11b. City, State & Zip Code	11c.	Registration/ Document Number	
ARANTA CORPORATION 123 THORNTON			WEST PALM BEACH FL 33	PS	P96000069549	
		, .	500002 -04/0 ****	2482 18/880 526.55	7359 1076011 ****526.55	
Notes Consultation	AAV NOT he showed an Abb Com					
Note: General partners N	MAY NOT be changed on this form	n; an ame	nament must be filed to ch	ange a go	eneral partner.	

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.

SIGN	<b>ATU</b>	JRE	2
~ ~ ~ ~ ~	, ,, ,	.,	

Grene D. Anloniou

Aranta Corporation, a Florida Corporation

Typed or Printed Name of General Pariner Signing Form By: Irene D. Antoniou, President Daytime Telephone Number (630) 932-5700