

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1997

1. Name of Limited Partnership
CHAZ EQUITIES, LTD.

1a. DOCUMENT #
A96000001667

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
City, State & Zip

Mailing Address
**P.O. Box 15200
Daytona Beach, FL 32115**

Principal Office Address
**444 Seabreeze Blvd., Suite 900
Daytona Beach, FL 32118**

3. Date Formed or Registered to Do Business in FLORIDA
09-09-96

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributor(s) as Shown on Record
\$300,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$300,000.00

6. FEI Number
59-3378294

7. CERTIFICATE OF STATUS REQUIRED

Applied For
Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**Charles D. Hood, Jr.
444 Seabreeze Blvd., Suite 900
Daytona Beach, FL 32118**

10. If changed, new Registered Agent/Office
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
Chaz Colony, Inc.	444 Seabreeze Blvd. Suite 900	Daytona Beach, FL32118	P96000069729

300002059733--4
-01/18/97--01012--013
***576.25 ***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 **12/30/96**

Typed or Printed Name of General Partner Signing Form: **Sarah D. Vandagriff, Vice President** Telephone Number **904/672-9080**

of Chaz Colony, Inc.

CR2E003 (6/95)