

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR -6 AM 9:54

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001786**

**THE WILKOV FAMILY LIMITED PARTNERSHIP**



Mailing Address

2972 WATERFORD DRIVE NORTH  
DEERFIELD BEACH FL 33442

Principal Office Address

2972 WATERFORD DRIVE NORTH  
DEERFIELD BEACH FL 33442

3. Date Formed or Registered

**09/26/1986**

5a. Capital Contributions as  
Shown on record.

**\$7,500.00**

3a. Date of Last Report

**INITIAL**

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

**\$7,500.00** ✓

4. State or Country of Formation

**FL**

2. Mailing Address

731 CYPRESS LANE

2a. Principal Office Address

**4288 NW 1<sup>ST</sup> DR.**

6. FEI Number

**65-0697376**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

**APT A**

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH, FL**

City & State  
**Deerfield Beach, FL**

7. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

Zip Country  
**33064 PALM BCH**

Zip Country  
**33442 U.S.A.**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**WILKOV, HOWARD R  
2972 WATERFORD DRIVE NORTH  
DEERFIELD BEACH FL 33442**

*np 3/10*

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

**731 CYPRESS LANE APT A**

Suite, Apt. #, etc.

City

**POMPANO BEACH,**

**FL**

Zip Code

**33064**

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)

*Howard R Wilkov*

DATE

**2/24/97**

**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)

**WILKOV, HOWARD R**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**2972 WATERFORD DRIVE**

11b. City, State & Zip Code

**DEERFIELD BEACH FL 33**

11c. Registration/  
Document Number

**600002109176--8  
-03/11/97--01012--009  
\*\*\*156.25 \*\*\*156.25**

**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 ✓

*Howard Wilkov*

DATE

**2/24/97**

Typed or Printed Name of General Partner Signing Form

**HOWARD WILKOV**

Daytime Telephone Number **954-481-9542**

CR2E003 (1/1/96)