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

a. DOCUMENT # **A96000001786**

DIVISION OF CORPORATIONS

97 DEC 17 AMIL: 25



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HE WILKOV FAMILY LIMITED PARTNERSHIP					
			CX)17/19		
Aalling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
31 CYPRESS LANE. APT. A OMPANO BEACH FL 33064	4288 NW/1ST DR. DEERFIELD BEACH FL 33442		09/26/1996 38. Date of Last Report	\$7,500.00	
	Services Service 12 Service		03/06/1997	5h	
			4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Mailing Address 4288 NW IST DRIVE	2a. Principal Office Address #288 NW ST DRIVE		FL	7500.00	
Suite, Apt. #, etc. Dity & State	Suite, Apt. #, etc.		6. FEI Number 65-0697376	Applied For	
DEERFIELD BEACH, FI	DEERFIELD BEACH FI		7. Certificate of Status Desired	Not Applicable \$8.75 Add tiona!	
73442-9200 U.S.A.	DEERFIELD B. 200	Country U.S.A.		Fee Required Slate (See reverse side for fee information	
9. Name and Address of Current Registered Agent		Name	10. If changed, now Registered Agent/Office Name		
WILKOV, HOWARD R		WILKOV, HOWARD R Street Address (P.O. Box Number Is Not Acceptable) 4288 NW 15T DRIVE			
731 CYPRESS LANE APT. A		Street Address (P.C). Box Number Is Not Acceptable) 88	Ë	
DEEBFHELD BEACH FL 33442		Suite, Apt. #, etc.			
		City DE	ERFIELD BEACH,	FI 33,000 -62.00	
Pursuant to the provisions of sections 620 1051 art for the purpose of changing its registered office or egent. I am familiar with, and accept the obligation IGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT	r ogistered agent, or both, in the State of Fid ns of section 620.192, Ftorida Statutes.	orida. Such change was	authorized by its general partner(s). I her	eby accept the appointment of registered	
MUS	T BE REGISTERED AN	D ACTIVE W	ITH THIS OFFICE.		
1. Name(s) of General Partner(s)	11a. Address of Each Gener (Do NOT Use Post Office B	ox Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
WILKOV, HOWARD R	2972 WATERFORD DRIVE	. Di	EERFIELD BEACH FL 33442-9	200	
	2972 WATERFORD DRIVE 4288 NW 1ST DRIVE				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			100002 -12/23 *****1	 3808313 79701072015 56,25 ****156,25	
•					
Note: General partners MAY NOT	be changed on this form	n: an amendm	ent must be filed to obs	inge 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. Freezes 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

Typed or Printed Name of General Partner Signing Form