## 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** 

1. Name of Limited Partnership

**DOCUMENT #** A96000001859

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 13 PM 2: 42



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44 BUNKER ROAD, LTD.				
Mailing Address 5737 OKEECHOBEE BLVD., SUITE 201 WEST PALM BEACH FL 33417	Principal Office Address 5737 OKEECHOBEE BLVD SUITE 201 WEST PALM BEACH FL 33417		3. Date Formed or Registered     10/04/1996      3a. Date of Lest Report	58. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address HARVARD DE. Suite, Apt. #, etc.	2a. Principal Office Address ARI	O OR.	· · · · · · · · · · · · · · · · · · ·	5b. Amount of Capital Contributions In FLORIDA to date:
City & State LAILE WORTH FL	City & State AILE WORT	HFL	6. FEI Number 6.5 06 98 67 7. Certificate of Status Desired	en en en en
Zip 33460 Country	Zip 33460 Country	у .		Fee Required  State (See reverse side for fee Information)
9. Name and Address of Current Re	relistered Ageni		10. If changed, new Registere	1 Acent/Office
ALEXANDER, KAREN L ESO: 5737 OKEECHOBEE BLVD., SUITE 201 WEST PALM BEACH FL 33417	•		P V. SPINI Box Number Is Not Acceptable)	
10a. Pursuant to the provisions of sections 620.1051 and 65 the purpose of changing its registered office or register I am familiar with, and accept the obligations of section SIGNATURE (Registered Agent Accepting Appointment)	red agent, or both, in the State of Florida. Sinh chi (20.192, lightly Statums.	partnership orga ange was authori	zed by its general partner(s). I hereby a  DATE  TNERSHIP OR OTHE	Coept the appointment of registered agent.
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbe	<del> </del>	City, State & Zip Code	11c. Registration/ Document Number
444 BUNKER ROAD, INC.	5787 OKEEOHODEE BLND. 166 HARVARD DR		est falm beach flos AKE WORTH FI 33460	P96000081976
,	do 151- 0	.e ( 6		1 1 4 2 7 8 3 /\$7 01002 001 56.25 ****156.25
Note: Conoral newhoustay NOT	o changed on this form: on	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	TIOLD	had a gameral narty and
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with this t Corporations from any liability of non-compliance with Se annual report is true and accurate and that my signature empowered to execute fills report as remired by diaple  SIGNATURE	illing is voluntarily furnished and does not qualify fo ction 119 97(3)(k) in the event that the information shall have the same legal effects as if made under 620 Florina Statutes.	or the exemption supplied is deen oath. I further co	stated in Section 119.07(3)(k), Florida S ned exempt from public access. I further brify that I am a General Partner of the I	tatutes. I release the Division of certify that the information indicated on thi
Typed or Printed Name of General Partner Signing Form	PHILIP V. SPI	NELL	Daytime Telephone Number	582-2796