## 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** 

DOCLIMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 23 PM 1: 16

#1/27

Name of Limited Parlnership	A9600000	1859				
44 BUNKER ROAD, LTD.			:	19819   4819 18410 84114 88441 4 	DENIA ODNIA BOSAI ORIBI II DON (DIS) ONNIO IDNI ARBI	
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
166 HARVARD DR	166 HARVARD OR LAKE WORTH FL 33460			10/04/1996	\$1,000.00	
AKE WORTH FL 39480				3a. Date of Last Report		
				03/13/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address			4. State or Country of Formation	to date:	
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. FEI Number		
City & State	City & Stole	City & State		65-0698679	Applied For Not Applicable	
Ony & State	City a state			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country			8. Make check payable to: Dept. of	Fee Required    State (See reverse side for fee Information)	
9. Name and Address of C	10. If changed, new Registered Agent/Office					
SPINELLI, PHILIP V 168 HARVARD DRIVE		Name Street Address (P.O. Box Number Is Not Acceptable)				
						LAKE WORTH FL 33460
		City		FL Zip Code		
agent. I am familiar with, and accept the obtaining Appointment Agent Accepting Appointment AGENERAL PARTNER TH	ent). HAT IS A CORPORATION	N, LIMITED	PART	DATE		
11. Name(s) of General Partner(s)	JST BE REGISTERED AND ACTIVATE Address of Each General Partner		VE WIT	City, State & Zip Code	11c. Registration/	
11. reane(s) or Garlette Partier(s)	(Do NOT Use Post Office	11a. (Do NOT Use Post Office Box Numbers)		Oity, State & Zip Code	Document Number	
444 BUNKER ROAD, INC.	166 HARVARD DR.		LAKE WORTH FL 33460		P96000061976	
				1.00002 -01/2 ****	24153818 8/9801117019 156.25 ****156.25	
Note: General partners MAY I  12. I do hereby certify that the information supplied Corporations from any liability of non-complian this annual report is true and eccurate and tha	d with this filing is voluntarily furnished and do ice with Soction 119 07(3)(k) in the event that t t my signature shall have the same <b>lega</b> l effec	es not qualify for the the information supp	e exemption blied is deem	stated in Section 119.07(3)(k), Florida ned exempt from public access. I furth	statutes. I release the Division of ner certify that the information indicated on	
empowered to execute this report as required SIGNATURE	by chartel 520, Florida Statutes.			DATE	12 30 97	
V						

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 561:572:2796