FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO 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 # 1a. A96000002100

Triple S Holdings, Ltd.

empowered to execute this report as required by chapter 620, Floripa Staut

Steven L. Williams, Vice President, Three Sams, Inc. Typed or Printed Name of General Partner Signing Form

SIGNATURE __X_

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SE:	CRE AH	iar Ass	Y OF	S 77 1.107	HE HOA

12/04/96

561-996-6262

Daytime Telephone Number

Mailing Address	Principal Office Address		3	Date Formed	or Regist	lered	5a. Capital Shown	Contributions on record.	as]
P.O. Box 730	P.O. Box 730			11/18/96						
Belle Glade, FL 33430	Belle Glade, FL	3	38. Date of Last Report			\$100.00		=		
				NIA	}	t	5b. Amour	t of Capital outlons in FLOR		~
	2a. Principal Office Address		4	State or Cour		mation	to date	UTIONS IN FLOR	NUA	
2. Mailing Address			Flor	ida		\$100	1.00		_	
Suite, Apt. #, etc.		6	FEI Number			3	Applied F		=	
City & State City & State			7	. Certificate of	O O			Not Appli		
Z _{IP} Country Z _{IP}				. Certificate of	Status De	SHEC	\$8,75 Additional Fee Required			
Z.p Oddiny Z.p			8. Make check payable to: Dept. of State (See reverse side for fee info						information)	
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registered Agent/Office							
	Name									
Mark J. Nowicki	1+a 302	Street Addre	ss (P.O. Box N	lumber is Not A	cceptabl	e)	00	1.		1
14155 U.S. Highway One, Suite 302 Juno Beach, FL 33408			Suite, Apt. #, etc.							<u>-</u>
								7.0.4		-
		City					FL	Zip Code		
10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office agent. Fam familiar with, and accept the obligation	or registered agent, or both, in the State of Fi	ned limited partne lorida. Such chan	rship organize ge was authori	d or registered zed by its gene	under lhe ral parine	a laws of the S er(s). I hereby	tate of Florid accept the a	la, submits this appointment of	stalement registered	
SIGNATURE (Registered Agent Accepting Appointment)						DATE				
A GENERAL PARTNER THAT	IS A CORPORATION, ST BE REGISTERED AN	LIMITED ND ACTIV	PARTN E WITH	ERSHIP THIS O	OR (OTHER E.	BUSIN	IESS EN	YTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene	ral Partner Box Numbers)	11b.	City, State &	Zip Code		11c.	Registration Document No]
Knight Holdings, Ltd.	205 SW 1st Stree	1	Belle	Glade,	FL	33430	A308	884		(96/9)
Three Sams, Inc.	205 SW 1st Stree	et	Belle	Glade,	FL	33430	P960	200093	153	CR2E003 (6/96)
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Note: General partners MAY NO										
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my	ith Section 119.07(3)(k) in the event that the	information suppl	ed is deemed	exempt from p	ublic acci	ess. I further o	ertily that th	e information in	idicated on	