FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

STOR-ALL MANAGEMENT, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000002169

97 SEP 24 PM 2: 05



Malling Address				"+" <u>-</u>
	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.
1375 WEST HILLSBORO BLVD.	1375 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442		11/25/1996	¢400.00
DEERFIELD BEACH FL 33442			3a. Date of Last Report	\$100.00
			01/08/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:
ar Maining Hadisəs	Ed. Filicipal Office Address		FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-070	7275 Applied For
City & State	City & State		APPLIED FOR	Not Applicable
			7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Z _I p Country		8. Make check payable to: Dept. o	Fee Required I State (See reverse side for fee Information
9. Name and Address of Current Registered Agent STOR-ALL MANAGEMENT, INC. 1975 WEST HILLSBORD BLVD. DEERFIELD BEACH FL 33442		10. If changed, new Registered Agent/Office		
		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		Oit :		
	City			I Zin Code
for the purpose of changing its registered office	e or registered agent, or both, in the State of F	City med limited partners florida. Such change	rship organized or registered under the laws of t ge was authorized by its general partner(s). I her	FL Zip Code he State of Florida, submits this statement eby accept the appointment of registered
for the purpose of changing its registered office agent. I am familiar with, and accept the obliging significant accepting Appointment A GENERAL PARTNER THAT	e or registered agent, or both, in the State of Fations of section 620,192, Florida Statutes.	med limited partners florida. Such chang	pe was authorized by its general partner(s). I her	he State of Florida, submits this statement eby accept the appointment of registered
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	e or registered agent, or both, in the State of Fations of section 620, 192, Florida Statutes. AT IS A CORPORATION, JST BE REGISTERED AI	med limited partners florida. Such chang	pe was authorized by its general partner(s). I her	he State of Florida, submits this statement eby accept the appointment of registered
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for the purpose of changing its registered office agent. I am familiar with, and accept the obligit signature (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MULTING AGENERAL PARTNER THAT MULTING STOR-ALL MANAGEMENT, INC.	e or registered agent, or both, in the State of Fations of section 620,192, Florida Statutes. AT IS A CORPORATION, JST BE REGISTERED AI 11a. Address of Each Gene (Do NOT Use Post Office) 1375 WEST HILLSBORD	med limited partners lorida. Such change LIMITED IND ACTIVI gral Partner Box Numbers)	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE. 11b. City, State & Zip Code DEERFIELD BEACH FL 33	he State of Florida, submits this statement eby accept the appointment of registered R BUSINESS ENTITY 11c. Registration/Document Number P96000096038
for the purpose of changing its registered office agent. I am familiar with, and accept the obliging signature (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MULTING Name(s) of General Partner(s)	e or registered agent, or both, in the State of Fations of section 620,192, Florida Statutes. AT IS A CORPORATION, JST BE REGISTERED AI 11a. Address of Each Gene (Do NOT Use Post Office	med limited partners lorida. Such change LIMITED IND ACTIVI gral Partner Box Numbers)	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE. 11b. City, State & Zip Code	he State of Florida, submits this statement eby accept the appointment of registered R BUSINESS ENTITY 11c. Registration/ Document Number
agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MILES OF MATTER AND MATTER	e or registered agent, or both, in the State of Fations of section 620,192, Florida Statutes. AT IS A CORPORATION, JST BE REGISTERED AI 11a. Address of Each Gene (Do NOT Use Post Office) 1375 WEST HILLSBORD	med limited partners lorida. Such change LIMITED IND ACTIVI gral Partner Box Numbers)	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE. 11b. City, State & Zip Code DEERFIELD BEACH FL 33 DEERFIELD BEACH FL 33	he State of Florida, submits this statement eby accept the appointment of registered R BUSINESS ENTITY 11c. Registration/Document Number P96000096038 F96000006134 306607-28 3/37-01157-005 550.00 *****550.00
for the purpose of changing its registered office agent. I am familiar with, and accept the obliging signature (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MULTING AGENERAL PARTNER THAT INC. STOR-ALL MANAGEMENT, INC.	e or registered agent, or both, in the State of Fations of section 620,192, Florida Statutes. AT IS A CORPORATION, JST BE REGISTERED AI 11a. Address of Each Gene (Do NOT Use Post Office) 1375 WEST HILLSBORD	med limited partners lorida. Such change LIMITED IND ACTIVI gral Partner Box Numbers)	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE. 11b. City, State & Zip Code DEERFIELD BEACH FL 33 DEERFIELD BEACH FL 33	he State of Florida, submits this statement eby accept the appointment of registered R BUSINESS ENTITY 11c. Registration/Document Number P96000096038 F96000006134
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ature 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

SIGNATURE