FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP .WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE 97 FEB 17 AM 9: 22 **DOCUMENT #** 1. Name of Limited Partnership 496000002179 were Systems of Floring 3. Date Formed or Registered 58. Capital Contributions as Principal Office Address Amount of Capital Contributions in FLORIDA to date: 2a. Principal Office Address 🔲 Applied For Not Applicable \$8.75 Additional Fee Required 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information) 7606 ame and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Suite Apt #. etc. 35606 ampa 10a.) Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 62 SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Occument Number 11b. City, State & Zip Code 11. Name(s) of General Partner(s) CR2E003 (6/96) FINN Acquisitions, 1150 Chesapeace 200**0**02097542--9 -02/25/97--01144--005 ****173.05 ****173.05 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Lido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release 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 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 this annual report is true SIGNATURE Typed or Printed Name of General Partner Signing Form