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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



Typed or Printed Name of General Partner Signing Form Santago Bolivar

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM

18. DOCUMENT # **A97000000801** SECRETARY OF STATE DIVISION OF CORPORATION

97 DEC 11 PM 3: 04



ACTION MECHANICAL CONTRACTORS, LTD.			I FORKER) SINT PARIL FORKE BOILL BOILL BAILL BOILL BOILE			
				(X)12/11		
Mailing Address	Principal Office Address			3. Date formed or Registered	5a. Capital Contributions as Shown on record.	
4756 N.W. 2ND AVENUE. SUITE B-1 BOCA RATON FL 33487	4756 N.W. 2ND AVENUE. SUITE B-1 BOCA RATON FL 33487			04/07/1997 3a. Date of Last Report	\$1,000.00	
			į		5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	28. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	10 date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6, FE) Number		
City & State	City & State	City & State		77-030169	Not Applicable	
Zip Country	Zip	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Foe Required	
				о, маке спеск раузов to; рері, о	f State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent		10. If changed, new Rogistered Agent/Office Name				
BOLIVAR, SANTIAGO		Street Address (P.O. Box Number is Not Acceptable)				
4758 N.W. 2ND AVENUE, SUITE B-1		<u> </u>				
COBOCA RATON FL 33487		Suite, Apt. #, etc.				
		City Zip Code				
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblining the control of the con		ed limited parti irida Such cha	nership organ ange was aulf	norized by its general partner(s). I her	the State of Florida, submits this statement reby accept the appointment of registered	
A GENERAL PARTNER TH		LIMITED	PART	NERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	10 .	11b.	City, State & Zip Code	Registration/ Document Number	
BOLIVAR, SANTIAGO	6 ROYAL PALM WAY, NO	6 ROYAL PALM WAY, NO.		A RATON FL 33432		
FAZIO, CARLO	103 LOCK ROAD, APT. 1	103 LOCK ROAD, APT. 1		DEERFIELD BEACH FL 33		
GUERRA, EDDIE	420 MALVERNE ROAD	420 MALVERNE ROAD		WEST PALM BEACH FL 33		
	,					
				200002 12/16	3734427 5/9701067012 56.25 ****156.25	
				※ ** *	56,25 ****155.25	
Note: General partners MAY N	IOT be changed on this form	n; an am	endmer	nt must be filed to cha	ange a general partner.	
I do hereby certify that the information supplied Corporations from any liability of non-compliance	with this filing is voluntarily furnished and does no be with Section 119 07(3)(k) in the event that the ir my signature shall have the same logal effects as	ot qualify for the	e exemption s	stated in Section 119.07(3)(k), Florida	Statutes Trelease the Division of her certify that the information indicated on	
SIGNATURE	Z			DATE	12-7-97	

Daylime Telophone Number