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

LIMITED PARTNERSHIP ANNUAL REPORT -1998

SHEINTAL FAMILY, LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra 8. Mortitam

Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT # **A9700000965** 

FILED

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SECHERALISTATE TALLAHAUSEE, FLORIDA



ailing Address	Principal Office Address		3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.
462 VIOLET AVENUE ARASOTA FL 34233	4462 VIOLET AVENUE SARASOTA FL 34233		05/01/1997 3a. Date of Last Report	\$10,000.00
MINDOIN IE AMENA	Online on the state			5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	<del>.</del>	4. State or Country of Formation	950,000°0 (
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	_
City & State	City & State	,	65-078293 7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	Country		Fee Required of State (See reverse side for fee Information
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
SHEINTAL, JONATHAN			Box Number Is Not Acceptable)	
4462 VIOLET AVENUE			***	
AIRIAATI EL AIAAA		Suite, Apt #, etc.		
SARASOTA FL 34233	1051 and 620 192 Florida Statutes, the above-name	Suite, Apt #, etc.  City	anized or registered under the laws of	FL Zip Code  The State of Florida, submits this statement
Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the o	.1051 and 620.192. Florida Statutes, the above-name office or registered agent, or both, in the State of Floribligations of section 620.192, Florida Statutes.	City d limited partnership org	ulhorized by its general partner(s). I h	The State of Florida, submits this stateme ereby accept the appointment of registers
Oa. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the outgoing Appoint A GENERAL PARTNER 7	office or registered agent, or both, in the State of Fior obligations of section 620 192, Florida Statutes.  Ment)  CHAT IS A CORPORATION, L	City d limited partnership orguda. Such change was a	ulhorized by its general partner(s). I h	The State of Florida, submits this stateme ereby accept the appointment of registers
Oa. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the construction of the General Agent Accepting Appoint A GENERAL PARTNER T	office or registered agent, or both, in the State of Fior ibligations of section 620 192, Florida Statutes.	City  d limited partnership orguda. Such change was at a limited partnership orguda. Such change was at a limited partnership orguda.	ulhorized by its general partner(s). I h	The State of Florida, submits this stateme ereby accept the appointment of registers
Oa. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the communication of the provision of the communication of the communi	office or registered agent, or both, in the State of Fior ibligations of section 620 192, Florida Statutes.  THAT IS A CORPORATION, L MUST BE REGISTERED AN	City  d limited partnership org da. Such change was at  IMITED PAR' D ACTIVE WI Partner x Numbers)  11b.	Inhorized by its general partner(s). I h	The State of Florida, submits this stateme ereby accept the appointment of registers  ER BUSINESS ENTITY  Registration/
Oa. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the outgrand the control of	office or registered agent, or both, in the State of Floribligations of section 620 192, Florida Statutes.  MONTH SEREGISTERED AN  Address of Each Genera  11a. (Do NOT Use Post Office Sc	City  d limited partnership org da. Such change was at  IMITED PAR' D ACTIVE WI Partner x Numbers)  11b.	TNERSHIP OR OTH TH THIS OFFICE.  City. State & Zip Code	The State of Florida, submits this stateme ereby accept the appointment of registers  E BUSINESS ENTITY  11c. Registration/

2. I do hereby certify that the information supplied with this filing 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 doesned exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature 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 empowered to execute this paped as peopled by chapter 620, Florida Statutes.

**SIGNATURE** 

STRINTAL HOLDENG CORP

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Daytime Telephone Number

7ZEUU3 (0/9/