

12/17/97 CORPORATE DETAIL RECORD SCREEN 2:31 PM
NUM: A97000001666 ST:FL ACTIVE/FL LP FLD: 07/30/1997
ACT CONT: 100.00
NAME : NEWPORT PARTNERS XXXIV, LTD.
PRINCIPAL: 300 INTERNATIONAL PARKWAY, SUITE 270
ADDRESS HEATHROW, FL 32746
RA NAME : CAHALL, PETER S
RA ADDR : 300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW, FL 32746
ANN REP : * NONE FILED *

A97000001666

800002378518-311
-12/22/97-01015-0291
1451.25 *910.00

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 16 PM 3:06

Name	Availability
Document	Examiner
Acknowledgment	DCC
W. P. Verifier	DCC

increasing
contributions
to
\$130,000.00

C. TAX	_____
FILING	910.00
R. AGENCY FEE	_____
C. COPY	_____
TOTAL	_____
N. LINK	_____
DE DUE	_____
REFUND	_____

(Corporation)

STATE OF FLORIDA

COUNTY OF SEMINOLE

SUPPLEMENTAL AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared PETER S. CAHALL, President of NEWPORT PARTNERS XXXIV, INC. the sole general partner of NEWPORT PARTNERS XXXIV, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of capital contributions contributed to the Partnership by the limited partners is \$130,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

NEWPORT PARTNERS XXXIV, INC.

Date: December 12, 1997

By: [Signature]
Peter S. Cahall, President

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DIVISION OF CORPORATIONS
97 DEC 16 PM 3:06

The foregoing instrument was acknowledged before me this _____ day of December, 1997, by Peter S. Cahall, as President of NEWPORT PARTNERS XXXIV, INC., a Florida corporation, on behalf of the corporation. Said person (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____

[Signature]
Print Name: Bonnie L. Pratte
Notary Public, State of Florida
Commission No.: _____
My Commission Expires: _____

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BONNIE L. PRATTE
My Commission CC416103
Expires Nov. 29, 1998
Bonded by HAI
800-422-1555