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

LIMITED PARTNERSHIP
ANNUÄL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sanga B. Mortham

SECRETARY OF STATE

1998		Secretary of State DIVISION OF CORPORATIONS  1a. DOCUMENT # A97000002081			98 JAN 20 PM 3: 52	
1. Name of Cristod Partnership				98		
JPS Starboard Tack	Ltd.					
••			001/23			
Mailing Address	Principal C	flice Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
2076 Cavalla Rd. Vero Beach, FL 32963			9/23/97 <b>3a.</b> Date of Last Report	1,150,031		
				N/A 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Princ	ipal Office Address		St. Lucie FL	1,150,031	
Suite, Apt. #. etc.  City & State	Suite, Apt.	····		6. FEI Number 65-0782187	Applied For Not Applicable	
		e 		7. Certificate of Status Desired	\$8,75 Additional Fee Required	
Zip Country	Zip		Country	8, Make check payable to: Dept.	of State (See reverse side for fee information)	
9. Name and Address of C	Current Registered Age	nt	T	10. If changed, new Registe	ed Agent/Office	
Joseph P. Strazzulla 2076 Cavalla Rd Vero Beach, FL 32963			Name Street Address (P.O. Box Number Is Not Acceptable) Suite. Apt. #. etc.			
			City	The state of the s	FL Zip Code	
10a. Pursuant to the provisions of sections 620 to for the purpose of changing its registered of agent. Fam familiar with, and accept the oblining Signature (Registered Agent Accepting Appointment)	fice or registered agent, gations of section 620-1	or both, in the State of Flo			the State of Florida, submits this statement treby accept the appointment of registered	
A GENERAL PARTNER TH	IAT IS A COPUST BE REG	PORATION,	LIMITED P	ARTNERSHIP OR OTH! WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)		Address of Each Gener o NOT Use Post Office B	al Partner lok Numbers) 1	1b. City. State & Zip Code	11c. Registration, Document Number	
JPS Starboard Tack,			Road V	ero Beach FL 329 -01/2 ****	263 <u>P27000067</u> 955 3/3801111012 *83.75 *****88.75	
				400002 -01/2 ****	24166247 9/9801111011 446.25 ****446.25	
4						
* *	[					
				dment must be filed to ch		

12. I do 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 this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee.

SIGNATURE Joseph P. Strangella
Typed or Printed Name of General Parlner Sinner Form Taxan D

Strazzulla

DATE 12102/97

Davime Telephone Number 5/a/- 4/a/- 5200