

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 19 AM 11:25

1. Name of Limited Partnership

*Insured Abstracts
of Orlando Ltd.*

1a. DOCUMENT #

A 9700002206

Mailing Address

*322 4th Street, N.W.
Winter Haven, Florida
33881 U.S.A.*

Principal Office Address

*322 4th Street, N.W.
Winter Haven, Florida
33881 U.S.A.*

3. Date Formed or Registered

10/13/97

5a. Capital Contributions as Shown on record.

88

3a. Date of Last Report

N/A

5b. Amount of Capital Contributions in FLORIDA to date:

88

4. State or Country of Formation

Florida

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3360557

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

*Arlene F. Statler
322 4th Street, N.W.
Winter Haven, Florida
33881 U.S.A.*

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

*Insured Abstracts of
Central Florida, Inc.*

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

*322 4th Street, NW
Winter Haven, Florida
33881 U.S.A.*

11b. City, State & Zip Code

*Winter Haven, Florida
33881 U.S.A.*

11c. Registration/Document Number

S 30269

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*11/21/97 - 01093 - 010
****156.25 ****156.25*

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE x

Arlene F. Statler, President

DATE *10/29/97*

Typed or Printed Name of General Partner Signing Form

Arlene F. Statler, President

Daytime Telephone Number

(941) 294-5925

CR2E003 (6/97)