

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**

98 JAN 30 AM 9:49

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002293

GLOBAL IMPACT CONCEPTS, LTD

Mailing Address

Principal Office Address

**7380 Sand Lake Road
Suite 500
Orlando, FL 32819**

Same

3. Date Formed or Registered

10/23/97

5a. Capital Contributions as Shown on record.

~~**\$200.00**~~

3a. Date of Last Report

\$5,000,000.00

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

\$200.00

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

593447569

☐ **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

10. If changed, new Registered Agent/Office

Bob Reeder

**7380 Sand Lake Road
Suite 500
Orlando, FL 32819**

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

Global Impact Concepts, Inc.

**7380 Sand Lake Road
Suite 500**

Orlando, FL 32819

P97000025906

**500002421665---2
-02/04/98--01096--013
****156.25 ****156.25**

52.50 103.75 dec

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

Bob Reeder

DATE

Typed or Printed Name of General Partner Signing Form

Bob Reeder, President, Global Impact Concepts, Inc. (407) 352-3961

Daytime Telephone Number

CR2E003 (6/97)