## \_ FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT#** A97000002793

SECRETARY OF STATE DIVISION OF CORPORATIONS

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A 1889/BY 1818 1811 1881 1881 BANK BANK BANK BAKK BAKK BAKK PERIN PERIN PERIN JAKE 1881 1881

PR	<b>OGRESSIVE</b>	FL	OORING	SOL	UTIONS.	LTD.

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Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.					
1527 WEST CARMEN STREET	1527 WEST CARMEN STREET		12/22/1997	<b>6400.00</b>					
TAMPA FL 33606	TAMPA FL 33606		3a. Date of Last Report	\$100.00					
			02/09/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:					
2. Malling Address	2a. Principal Office Address			to date.					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6, FEI Number	D					
City & State	City & State		59-3485528 Applied For Not Applicable						
Chy di State	City & State		7. Certificate of Status Desired \$8.75 Additional						
Zip Country	Zip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)						
	<u> </u>		O mano o nocepayano to. Dope. Or c	Sale (See 1646) See 161 166 (High Haller)					
9. Name and Address of Current Re	gistered Agent	10. If changed, new Registered Agent/Office							
HAMAAN ALBARII	Name								
HANCOCK, DARRELL 1527 WEST CARMEN STREET	Street Address (P.C		O. Box Number is Not Acceptable)						
TAMPA FL 33606	Suite, Apt. #, et		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 P	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number					
PROGRESSIVE FLOORING SYSTEMS 1527 WEST CARMEN S		E TA	MPA FL 33606	P97000041576					
			9000021 -02/03 ****15	7706093 /39-01126005 50.00 ****150.00					

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). Floride 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

Daytime Telephone Number