FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

| | | | 99 APR | 13 Pri 2: 29 | |
|--|--|-----------------------|---------------------------------------|---|--|
| 1. Name of Limited Partnership | 1a. DOCUMI A98000000 | |] | SECHÉTART DE STATE Thompha tha hhrantairth an S tate Thomphathan ann an ai | |
| ACQUISITION GROUP, LTD. | | | 1 1981031 (819 (819) (81)) | TRIN BRIN BRIN BRIN BRIN BRIN BRIN BIRN BIR | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record | |
| 8960 S. HOLLYBROOK BLVD SUITE 303 PEMBROKE PINES FL 33025 | | | 01/05/1998 3a. Date of Last Report | \$7,000.00 | |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date | |
| 2. Mailing Address 1860 West Ave. #2 | | ve- | FL. | | |
| Suite, Apt. #, etc. WHE 2-2-0 City & State | Suite, Apt. #, etc. Suite # 220 City & State | | 6. FE! Number | Applied For Not Applicable | |
| 1/qmi Boach, FL Zip Country | Miami Beach, | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 33140 USA | 33140 | VSA | 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 A | Agent/Office | |
| SINGER, BERNARD A ESQUIRE | | | | min | |
| 4925-A SHERIDAN STREET | | | P.O. Box Number Is Not Acceptable) | | |
| HOLLYWOOD FL 33021 | | Suite Apr # etc # 220 | | | |
| | | City Mia | ni Boach | FI 23/40 | |
| 10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or re- agent. I am familiar with, and accept the obligations. | gistered agent, or both, in the State of Florida | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | Frank ! | Lung | DATE | 4/7/99 | |
| A GENERAL PARTNER THAT MUST | F BE REGISTERED AND | ACTIVE | | R BUSINESS ENTITY | |
| 11. Name(s) of General Partner(s) | Address of Each General Pa | artner lumbers) 11 | lb. City, State & Zip Code | 11c. Registration/ Document Number | |
| ACQUISITION GR OUP MANAGEMEN | 8060-S. HOLLYBROOK BL | | PEMBROKE PINES FL 330 | P98000000314 | |
| | 1860 West | Ave. | 666662 | 842356-78 | |
| | Suite #22 | 0 | -04/16. ****1 | /9901079014 50 00 ****150.00 | |
| | Miami Beach / | = 4 | क्रम्तर १ ८ | | |
| | mul Benz | 10 | 17-14-99 | | |
| | Smel Bly | 'a | 4-11 | | |
| Note: General partners MAY NOT | be changed on this form; | an amend | lment must be filed to cha | nge a general partner. | |
| 12. I do hereby certify that the information supplied with this | filing is voluntarily furnished and does not qua | alify for the exempt | | utes Trelease the Division of Corporations | |

is true and accurate and that my signature shall have the same legal effects as if made moder oath. I further certify that I am a General Partner of the Innitide partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

REPrizzered For President
Acquisition Group Management, Inc., General Partner
ame of General Partner Signing Form Emanuel Benjamin Daytome Telephone Number 954-614-4213