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

Typed or Printed Name of General Partner Signing Form

FILED 99 MAR -5 AM 11: 23

2743-1 ANNISTON ROAD JACKSONVILLE FL 32246 2 A. Drincipal Office Address 2 A. Drincipal Office Address 2 A. Drincipal Office Address 2 A. State of Country of Formation FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 7 Country 7 Country 8 Make chock payable to Dept of Status (See reverse side for fee in Name COFFIELD, HAROLD 2743-1 ANNISTON ROAD JACKSONVILLE FL 32246 10 It changed, new Registered Agent Office Address (See reverse side for fee in Name Coffice In Name Name Street Address (P O Box Number Is Not Acceptable) Suite, Apt. #, etc. City Applied Formation 10 It changed, new Registered AgentOffice Name Coffice In Name Street Address (P O Box Number Is Not Acceptable) Suite, Apt. #, etc. City Applied Formation Suite, Apt. #, etc. Coffice In Name Coffice In Name Name Coffice In Name Street Address (P O Box Number Is Not Acceptable) Suite, Apt. #, etc. City Applied Formation Name Coffice In Name Suite, Apt. #, etc. City Applied Formation Name Coffice In Not Acceptable (See reverse side for fee in Name) Suite, Apt. #, etc. City Applied Formation Name Coffice In Name Suite, Apt. #, etc. City Applied Formation Name Coffice In Not Acceptable (See reverse side for fee in Name) Suite, Apt. #, etc. City Applied Formation Suite, Apt. #, etc. City Applied Formation Name Coffice In Name Suite, Apt. #, etc. City Applied Formation Name Coffice In Not Applied Formation Name Suite, Apt. #, etc. City Applied Formation Name Suite, Apt. #, etc. City Applied Formation Name Coffice In Name Suite, Apt. #, etc. City Applied Formation Name Coffice In Name Suite, Apt. #, etc. City Applied Formation Name Coffice In Name Suite, Apt. #, etc. City Applied Formation Suite, Apt. #, etc. Applied F			A9800000676		SECRETARE OF EACH Transmitteling whitelegist Buy Education and consumer		
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JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 Za. Principal Office Address Za. Principal Office Address Za. Principal Office Address FL 6. FE I Number Applied For Not Applied To Country Zip Country Zip Country Zip Country Jacksonville Fl. 32246 Rame and Address of Current Registered Agent Corfficient of Status Desired Rame Registered Agent/Office Name COFFIELD, HAROLD 2743-1 ANNISTON ROAD JACKSONVILLE FL 32246 Site Apl #, etc City FL Zip Code City FL Zip Code FL Suite Apl #, etc City FL Zip Code Street Address (P O Box Number is Not Acceptable) Suite Apl #, etc City FL Zip Code FL Zip Code FL Zip Code Site Apl #, etc City FL Zip Code FL Site Apl #, etc City FL Zip Code FL Zip Co		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
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City & State City & State Country Zip Country Zip Country Zip Country Zip Country To Country Zip Country To Coun	C.	Suite, Apt. #, etc.			Applied For		
Type Country Support Country Support Country Support Country Support Country Support State (See reverse side for fee in Support State (See Require State S		City & State		} ************************************	Not Applicable		
COFFIELD, HAROLD 2743-1 ANNISTON ROAD JACKSONVILLE FL 32246 Suite, Apl. #, 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, submists state 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). Thereby 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 EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	Country	ry Zip Coun	itry]	\$8.75 Additional Fee Required State (See reverse side for fee information		
COFFIELD, HAROLD 2743-1 ANNISTON ROAD JACKSONVILLE FL 32246 Suite, Apl. #, etc City FL Zip Code 103. 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 state 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 520 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	9. Name and Address of Curren			10. If changed, new Registered	Agent/Office		
JACKSONVILLE FL 32246 Suite, Apl. #, etc. City FL Zip Code Total T	2743-1 ANNISTON ROAD						
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 state 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 EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	am familiar with, and accept the obligation istered Agent Accepting Appointment)	accept the obligations of section 620 192, Florida Statutes ting Appointment)		DATE			
11. Name(s) of General Partner(s) 11a. [Andress of Each General Partner 11b. City, Stale & Zip Code 11c. Registration	RAL PARTNER THAT MUS	MUST BE REGISTERED AND A	CTIVE WI	TNERSHIP OR OTH TH THIS OFFICE.	ER BUSINESS ENTIT		
Document Numi) of General Partner(s)	(s) Address of Each General Parine (Do NOT Use Past Office Bax Numb	(pers) 11b.	City, Stale & Zip Code	11c. Registration/ Document Number		
NEFES, INC. 2743-1 ANNISTON ROAD JACKSONVILLE FL 32246 F93000001442	INC.	2743-1 ANNISTON ROAD	J	ACKSONVILLE FL 32246	F93000001442		
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3.12.99				3-12-99			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general part	neral partners MAY NO	ers MAY NOT be changed on this form: a	n amendme	ent must be filed to ch	ange 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 Co-from eny 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 anires 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 empower execute this report as required by chapter 620, Florida Statutes.		nation supplied with this filing is voluntarily furnished and does not qualify t	for the exemption st.	ated in Section 119 07(3)(k), Florida St	atutes. I release the Division of Corporation		
SIGNATURE VP. NETES, INC DATE 3/1/49	ibility of non-compliance with Section 119. accurate and that my signature shall have	signature shall have the same legal effects as if made under oath. I furth	ier certify that I am:	om public access. I further certify that the a General Partner of the limited partner	e information indicated on this annual repi rship, receiver or trustee empowered to		