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**

1. Name of Limited Partnership

DOCUMENT # A98000002417

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Aailing Address C/O OSA PARTNERS. INC. 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 2. Malling Address Principal Office Address Principal Office Address Principal Office Address		3. Date Formed or Registered 10/21/1998 3a. Date of Last Report 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record \$2,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt #, etc. City & State		Applied For Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent OSA PARTNERS, INC. 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
for the purpose of changing its register agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appo	620.1051 and 620.192, Florida Statutes, the abo ed office or registered agent, or both, in the Statute be obligations of section 620.192, Florida Statute pintment). THAT IS A CORPORATION OF THE STATE OF THE STATE OF T	e of Florida Such changes S ON, LIMITED	DATE PARTNERSHIP OR OTHE	y accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each	Consed Bodose	11b. Cily, State & Zip Code	11c. Registration/
OSA PARTNERS, LLC	1375 W. HILLSB		DEERFIELD BEACH FL 33	L98000002388
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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 fitting 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 tec 620, Florida Statutes

SIGNATURE

DATE 2- 12- 99

Typed or Printed Name of General Partner Signing Form

MAN, PART.

Daytime Telephone Number