FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



empowered to execute this report as required by chapter 620, Florida Statutes

LAWRENCE LUBIN

SIGNATURE

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

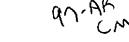
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **B9300000519**

TRI-B VENTURES, LTD.



FILED

97 JAN -6 PM 1: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address 225 S. WESTMONTE DRIVE SUITE 3020 ALTAMONTE SPRINGS FL		ONE YORKDALE ROAD. SUITE 510 NORTH YORK, ONTARIO MGA 3A1		 Date Formed or Registered 11/30/1993 Date of Last Report 12/21/1995 	58. Capital Contributions as Shown on record.	
				· ·	Contr	int of Capital ibutions in FLORIDA
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address Suite, Apt. #, etc. City & State		4. State or Country of Formation	to date: \$671,074.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 98-0109464	Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information		
9. Name and Address of Curre	ent Registered Agent	1		10. If changed, new Register	ed Agent/Office	
MOENULTY, FRANK	Name DAVID W. HALL					
C/O TRI FIVE PROEPRTIES	Street Address (P.O. Box Number Is Not Acceptable)					
225 S. WESTMONTE DRIVE, SUITE 3020 ALTAMONTE SPRINGS FL 32714						
		60002061506 ciy -01/17/3701021ccc015			02dcaa019	
				****	76.2 5L	****576.25
10a. Pursuant to the provisions of sections 620,1051, for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the control of the con	or registered agent, or both, in the State of ons of section 620,192, Florida Statetes	Florida. Such cha	nge was au	thorized by its general partner(s). I he	ereby accept the	appointment of registered
A GENERAL PARTNER THA MU	T IS A CORPORATION, ST BE REGISTERED A	, LIMITED ND ACTIV	VE WI	NERSHIP OR OTHI IH THIS OFFICE.	ER BUSI	NESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
830983 ONTARIO LIMITED ONE YORKDALE RO), SU NOF		ORTH YORK, ONT., CAN	P26324	
•						
		:				
Note: General partners MAY NO	The changed on this fo	rm: an am	endme	nt must be filed to at	ange e a	eneral nertner
· ·	·····					
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance within appropriate control and the control and the control appropriate control and the contro	with Section 119 07(3)(k) in the event that th	e information supp	plied is dee	med exempt from public access. I fur	ther certify that	the information indicated on

Daylime Telephone Number 407-865-5444

_ DATE _____12/16/96__