

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 24 PM 1:18

1. Name of Limited Partnership

1a. DOCUMENT #  
**B93000000523**

**DELRAY CANADA LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

225 S. WESTMONTE DRIVE  
SUITE 3020  
ALTAMONTE SPRINGS FL 32714

ONE YORKDALE ROAD, SUITE 510  
NORTH YORK, ONTARIO M6A 3A1  
CANADA

3. Date Formed or Registered

11/30/1993

5a. Capital Contributions as Shown on record

\$0.00

3a. Date of Last Report

12/30/1996

5b. Amount of Capital Contributions in FL OHIDA to date:

\$0.00

4. State or Country of Formation

OC

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

98-0114096

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MCENULTY, FRANK  
C/O TRI-FIVE PROPERTIES  
225 S. WESTMONTE DRIVE, SUITE 3020  
ALTAMONTE SPRINGS FL 32714

10. If changed, now Registered Agent/Office

Name

James R. Pratt, Esquire

Street Address (P.O. Box Number Is Not Acceptable)

369 North New York Avenue

Suite, Apt. #, etc.

3rd Floor

City

Winter Park,

FL

Zip Code

32789

10a. Pursuant to the provisions of sections 620.105-1 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 Dec. 16, 1997

**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)

478386 ONTARIO LIMITED

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

ONE YORKDALE ROAD, SU

11b. City, State & Zip Code

NORTH YORK, ONT., CAN

11c. Registration/Document Number

F93000005439

800002394468-1  
-01/08/98-01099-007  
\*\*\*\*156.25 \*\*\*\*156.25

**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), 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 execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

478386 ONTARIO LIMITED  
PER:

DATE Dec. 17, 1997

Typed or Printed Name of General Partner Signing Form: 478386 ONTARIO LIMITED

Daytime Telephone Number (416) 785-6000

CR2E003 (6/97)