

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 27 AM 8:20

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000150

PCFM ASSOCIATES L.P. LIMITED PARTNERSHIP



Mailing Address

60 ROUTE 46 EAST
FAIRFIELD NJ 07004

Principal Office Address

60 ROUTE 46 EAST
FAIRFIELD NJ 07004

3. Date Formed or Registered

04/19/1994

5a. Capital Contributions as
Shown on record

\$1,904,000.00

3a. Date of Last Report

01/02/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

1,904,000.00

4. State or Country of Formation

NJ

6. FEI Number

22-2916040

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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BODIFORD, LARRY
620 MCKENZIE AVE.
PANAMA CITY FL 32401

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt #, 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, 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

**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)

FLORIDA ASSOCIATES INC.
ZCS INC.

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

60 ROUTE 46 EAST
25 MAIN ST.

11b. City, State & Zip Code

FAIRFIELD NJ 07004
HACKENSACK NJ 07602

11c. Registration/
Document Number

F93000000398
F93000000879

800002039578--8
-12/27/96--01073--020
****576.25 ****576.25

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

Florida Associates Inc GP
By [Signature] Pres
Florida Associates Inc

DATE

12/3/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

201-882-1100

CP2E003 (6/96)