





FAX AUDIT NO. N95000011779

11. The limited partnership will undertake to keep the records listing the addresses and capital contributors of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. Same as General Partner  
(Mailing Address of Limited Partnership)

This 19 day of October, 1995.

[Signature]  
General Partner  
Randall E. Poliner, President of Antares Capital Partners I, Inc.,  
General Partner

STATE OF FLORIDA  
COUNTY OF BREVARD

THE FOREGOING instrument was acknowledged and sworn to before me this 19<sup>th</sup> day of October, 1995, by Randall E. Poliner, President of Antares Capital Partners I, Inc., General Partner of Antares Capital Fund I Limited Partnership, a Delaware (Name of General Partner) (Name of Limited Partnership)

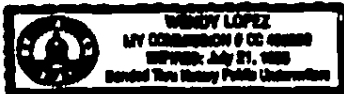
Limited Partnership:

[Signature]  
Notary Public

State of Florida at Large

(SEAL)

My Commission Expires: July 28, 1998



FAX AUDIT NO. N95000011779

FAX AUDIT NO. H95000011779

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Randall E. Poliner, President of  
Antares Capital Partners I, Inc.

**BEFORE ME** the undersigned personally appeared Randall E. Poliner, a General  
partner of Antares Capital Partners I, Inc., a (an) Delaware limited partnership,  
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ -0-.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ -0-.

This 19 day of October, 1995.

#### FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

ANTARES CAPITAL PARTNERS I, INC.  
by: [Signature]  
Randall E. Poliner, <sup>General Partner</sup> President

State of Florida  
County of Brevard  
Date Oct 19, 1995

*BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Randall E. Poliner, resident of Antares Capital Partners I, Inc. (General Partner), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.*

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 19 day of October, 1995.

[Signature]  
Notary Public  
MY COMMISSION EXPIRES: July 21, 1998  
Seal

State of Florida at Large  
FAX AUDIT NO. H95000011779

My commission expires: July 21, 1998

State of Delaware

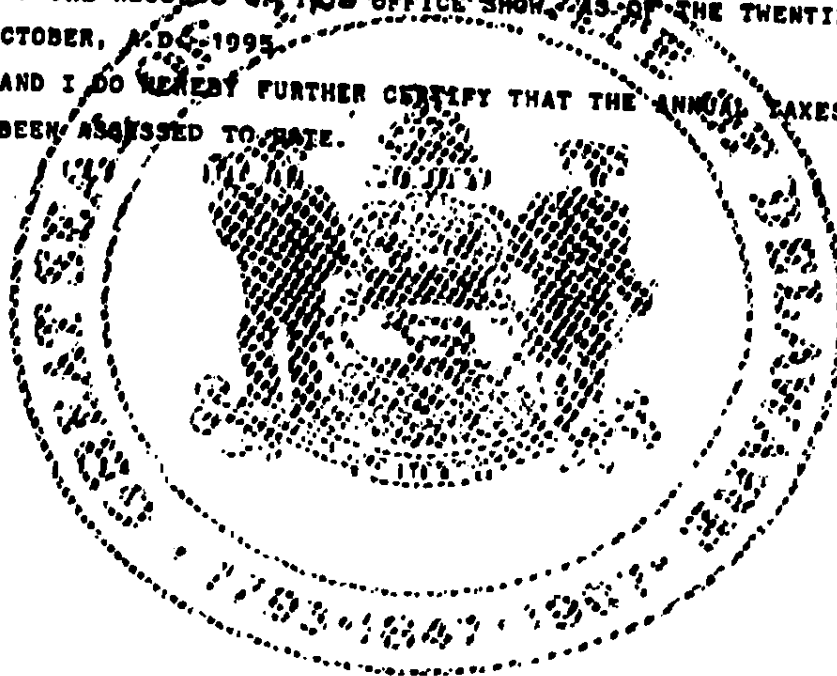
PAGE 1

FAX AUDIT NO.  
H95000011779

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANTARES CAPITAL FUND I LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Edward J. Freel*  
Edward J. Freel, Secretary of State

AUTHENTICATION: 7681971  
DATE: 10-20-95

2553461 8300

950241970

FAX AUDIT NO. H95000011779

# B9500000373

OFFICE USE ONLY (Document #)

Antares Capital Fund I, Limited P.A.

(Requestor's Name)

P.O. BOX 410730

(Address)

Melbourne, FL 32941

(City, State, Zip)

(Phone #)

96/MAY - 2 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Antares Capital Fund I Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

200001806972  
-05/03/96--01070--003  
\*\*\*1750.00 \*\*\*1750.00

- Walk in
- Pick up time \_\_\_\_\_
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**B95-373**

Name Availability	<u>R 5-2</u>
Document Examiner	<u>[Signature]</u>
Updater	<u>[Signature]</u>
Updater Verifier	<u>[Signature]</u>
Acknowledgement	<u>[Signature]</u>
W. P. Verifier	<u>[Signature]</u>



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
96 MAY -2 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR A FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of ANTARES CAPITAL FUND I LIMITED PARTNERSHIP  
(an) DELAWARE

Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,  
Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the  
purpose of transacting business in Florida is: \$ 525,000.00

This 28 day of APRIL, 19 96

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to  
the best of my knowledge and belief.*

General Partner(s)

BY: ANTARES CAPITAL PARTNERS I, INC.  
BY: [Signature]  
RANDALL E. POLINER, ITS PRESIDENT

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

**FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1996**



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

**FILED**

**96 MAY -2 PM 2:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership  
**1a. DOCUMENT #  
B95000000373**

**ANTARES CAPITAL FUND I LIMITED PARTNERSHIP**

Mailing Address: **ANTARES CAPITAL PARTNERS I, INC.  
P. O. BOX 410730  
MELBOURNE FL 32941**

Principal Office Address: **THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
32 LOCKERMAN SQUARE, STE. L-100  
DOVER DE**

2. New Mailing Address, if Applicable  
Suite, Apt. #, etc.  
City, State & Zip

2a. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA: **10/20/1995**

3a. Date of Last Report

4. State or Country of Formation: **DE**

5a. Capital Contributions as Shown on Record: **525,000.00**

5b. Amount of Capital Contributions in FLORIDA to date: **525,000.00**

6. FEI Number: **59-3349456**

7. CERTIFICATE OF STATUS REQUIRED  
Applied For:  **OR**  
Not Applicable:  **5-2**

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$412.50  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent  
**COLE, JONATHAN E  
C/O EDWARDS & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33400**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ANTARES CAPITAL PARTNERS I	P. O. BOX 410730, N/A	MELBOURNE FL 32941	P0000000004

200001806832  
-05/03/96--01047--008  
\*\*\*\*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: *R.E. Poulter* for **ANTARES CAPITAL PARTNERS I, INC.** DATE: **3/31/96**

Typed or Printed Name of General Partner Signing Form: **R.E. Poulter for Antares Capital Partners I, Inc.** Telephone Number: **(407) 777-4834**

CR2ED03 (11/95)