

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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

98 MAR 27 PM 1:02

1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000378

TRADE-WINS OF FLORIDA, LIMITED PARTNERSHIP

Mailing Address

5200 TOWN CENTER CIRCLE  
SUITE 3030  
BOCA RATON FL 33486

Principal Office Address

THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

3. Date Formed or Registered

07/29/1997

5a. Capital Contributions as  
Shown on record.

\$10,000.00

3a. Date of Last Report

-

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$53,000

2. Mailing Address

6646 Patio Lane  
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip 33433 Country USA

Zip Country

4. State or Country of Formation

DE

6. FEI Number

☐ 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

EISEN & WILLITS, P.A.  
299 CAMINO GARDENS BLVD.  
SUITE 204  
BOCA RATON FL 33432

10. If changed, new Registered Agent/Office

Name

N/A

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)

TRADE-WINS CORPORATION

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

5200 TOWN CENTER CIRC

11b. City, State & Zip Code

BOCA RATON FL 33486

11c. Registration/  
Document Number

P970000000000

51644

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\*\*\*\*\*88.75 \*\*\*\*\*88.75

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\*\*\*\*\*371.00 \*\*\*\*\*371.00

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

DATE

3/9/98

Typed or Printed Name of General Partner Signing Form

Thomas W. Hands

Daytime Telephone Number

(561) 412-4939

CR2E003 (12/97)