


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

FILED

96 SEP 17 PH 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership HEALTH TEK EQUITY, LTD.	1a. DOCUMENT # A16651 <i>97-AR CM</i>
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Mailing Address P.O. BOX 10270 DAYTONA BEACH FL 32120	Principal Office Address P.O. BOX 10270 DAYTONA BEACH FL 32120	3. Date Formed or Registered 03/21/1984	5a. Capital Contributions as Shown on record. \$950.00
		3a. Date of Last Report 09/21/1995	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-2392791 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent WALTER, WILLIAM A. 143 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700001955247 -09/24/96-01158-011 ****191.FL****191.25
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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
HEALTH TEK EQUITY, INC.	143 EXECUTIVE CIRCLE	DAYTONA BEACH FL	G92127

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 *William A. Walter* DATE 9/12/96
 Typed or Printed Name of General Partner Signing Form William A. Walter Daytime Telephone Number 904/253-6222

CR2E003 (6/96)