## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

STADTLER ENTERPRISES, LTD.

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A24272

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Mailing Address  6209 E. MCKELLIPS RD.  #395  MESA AZ 85215-2856	Principal Office Address 6209 E. MCKELLIPS RD. #395 MESA AZ 85215-2856		3. Date Formed or Registered 03/17/1987 3a. Date of Last Report 12/18/1997		5a. Capital Contributions as Shown on record.  \$425,000.00  5b. Amount of Capital Contributions in FLORIDA to date:				
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation AZ		#377,842			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Nun			Applied For			
City & State	City & State			7. Certificate of Status Desired \$8.75 Additional					
Zip Country	Zip Country		8, Make ch	Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information)					
		<del></del>	40 %	barred sour Bogistered	Acest/Office	<del></del>			
9. Name and Address of Current R	legistered Agent	Name	10. It c	hanged, new Registered	AgenvOnice				
SARTORIUS, EDMUND 9445 SE 173RD LANE		Street Address (P.O. Box Number Is Not Acceptable)							
SUMMERFIELD FL 34491		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)			NA DELIEDO!	DATE_	- DUGU	UECC ENTITY			
A GENERAL PARTNER THAT I	S A CORPORATION, I BE REGISTERED AN	ID ACTIVI	WITH THIS	OFFICE.	K BUSII				
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers)	<b>11b.</b> City, Sta	te & Zip Code	11c.	Registration/ Document Number			
STADTLER, RICHARD AND MA.			MESA AZ 85215-2856		G93019000038				
			3	000027 -01/14/ ****52	7424 9301 6.25	438  103013  ****\$26.25			
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									