


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO 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 DEC 26 AM 11:02 <i>4mth</i> <i>1/7</i>	
1. Name of Limited Partnership		1a. DOCUMENT # A30045			
LORINCZ INVESTMENT LIMITED PARTNERSHIP					
Mailing Address 340 TREASURE BOAT WAY SARASOTA FL 34242		Principal Office Address 340 TREASURE BOAT WAY SARASOTA FL 34242		3. Date Formed or Registered 05/03/1990	
				3a. Date of Last Report 01/02/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$100,980.00	
				5b. Amount of Capital Contributions in FLORIDA to date. 100,980.00	
2. Mailing Address 3830 TANGIER TERRACE Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		6. FEI Number 65-0181966 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State SARASOTA, FL		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34239		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MOLNAR, RUDOLF 340 TREASURE BOAT WAY SARASOTA FL 34242		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 3830 TANGIER TERRACE Suite, Apt. #, etc. City, State, Zip Code SARASOTA FL 34239	
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) MOLNAR, RUDOLF	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 340 TREASURE BOAT WAY 3830 TANGIER TERR	11b. City, State & Zip Code SARASOTA FL 34239	11c. Registration/Document Number 500002394645--7 -01/08/98--01102--017 ****541.25 ****541.25
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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)