

**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**  
98 MAR 27 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Name of Limited Partnership**  
ATEC SYSTEMS, LTD.

**1a. DOCUMENT #**  
A31783

**Mailing Address**  
670 North Orlando Avenue, Suite 103 A  
Maitland, Florida 32751

**Principal Office Address**

**3. Date Formed or Registered**

July 23, 1991

**5a. Capital Contributions as Shown on record.**

150,000.00

**3a. Date of Last Report**

10/21/96

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

172,582.00

**4. State or Country of Formation**

Florida

**6. FEI Number**

59-344-3901

☐ 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**

**10. If changed, new Registered Agent/Office**

Name

IEI Associates

Street Address (P.O. Box Number Is Not Acceptable)

2700 N. Peninsula Avenue

Suite, Apt. #, etc.

Unit 323

City

New Smyrna Beach, FL

Zip Code

32169

**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**

Investment Enterprises, Inc.  
doing business in Florida as  
IEI Associates, Inc.

610 N. Scottsdale Lane

Arlington Heights, IL  
60004

F95000004239

600002471236--0  
-03/27/98--01099--005  
\*\*\*\*526.25 \*\*\*\*526.25

dec

**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

*S. Thomas Clements*

DATE

3/21/98

Typed or Printed Name of General Partner Signing Form

S. Thomas Clements, President

Daytime Telephone Number

630-858-8700

CR2E03 (6/97)