FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

SUN-TEK INDUSTRIES LIMITED PARTNERS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A32396

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Mailing Address 10303 GENERAL DRIVE ORLANDO FL 32824 2. Mailing Address Suite, Apt. #, etc.	Principal Office Address 10303 GENERAL DRIVE ORLANDO FL 32824 28. Principal Office Address Suite, Apt. #, etc.	10303 GENERAL DRIVE ORLANDO FL 32824 2a. Principal Office Address		3. Date Formed or Registered 12/26/1991 3a. Date of Last Report 07/29/1997 4. State or Country of Formation FL 6. FEI Number	5a. Capital Contributions as Shown on record. \$230,000.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For	
City & State Zip Country	City & State	,		7. Certificate of Status Desired 8. Make check payable to: Dept. of	Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)	
9, Name and Address of Cui		· · · · · · · · · · · · · · · · · · ·		10. (I changed, now Registere		orac side for the information)
SINCIC, GLEN R. 10303 GENERAL DRIVE ORLANDO FL 32824 10a. Pursuant to the provisions of sections 620,105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obligations of sections 620,105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obligations of the control of	e or registered agont, or both, in the Stato of F ations of section 620, 192, Florida Statules.	Suite, Apt. City mod limited partr lorida. Such cha	#, etc. ership orga ngo was au	DATE	eby accept the	appointment of registered
11. Name(s) of General Partner(s)	Address of Each Geno (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registration/ Document Number
SINCIC, GLEN R.	10303 GENERAL DRIVE		ORL		363: /970	:396 1 080 1079017 *****541.25
Note;₄General partners MAY N	OT be changed on this for	m· an am	endme	nt must be filed to che	inge e e	anaval nertnar

12. Ido pereby 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 Conforations 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 immual report is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by change 620. Plorida Statutes.

Typed or Printed Name of General Partner Signing Form

. DATE .

Glen R. Sincic

Daytime Telephone Number 407-859-2117