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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SUN-TEK INDUSTRIES LIMITED PARTNERS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A32396** 

## FLED

98 DEC 31 AM II: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address 10303 GENERAL DRIVE	Principal Office Address	3. Date Formed or Registered 12/26/1991	<b>5a.</b> Capital Contributions as Shown on record.	
ORLANDO FL 32824	10303 GENERAL DRIVE ORLANDO FL 32824 _	3a. Date of Last Report 12/01/1997	\$230,000.00 5b. Amount of Capital	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.  City & State	6. FEI Number 59-3100817	Applied For Not Applicable	
Zip Country	Zip Coul	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 Registe	10. If changed, new Registered Agent/Office	
SINCIC, GLEN R.	Na	me		
10303 GENERAL DRIVE	_ St	eet Address (P.O. Box Number is Not Acceptable)	(P.O. Box Number is Not Acceptable)	
ORLANDO FL 32824	Suite, Apt. #, etc.			
	CI	у	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.1052, 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 Partr (Do NOT Use Post Office Box Nur		11c. Registration/ Document Number	
SINCIC, GLEN R.	10303 GENERAL DRIVE	ORLANDO FL 32824	CRZE003 (8/98)	
•		2000027 -01/20, ****\$	1	
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 filling 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				
Typed or Printed Name of General Partner Signing Form <u>GIEN R. SINCIC</u> Daytime Telephone Number 407-859-2117				