

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	
1. Name of Limited Partnership		1a. DOCUMENT # A95000001504			
H.T.K. FAMILY LIMITED PARTNERSHIP					
Mailing Address 2368 ALAQUA DRIVE LONGWOOD FL 32779-3111		Principal Office Address 2368 ALAQUA DRIVE LONGWOOD FL 32779-3111		3. Date Formed or Registered 10/02/1995	5a. Capital Contributions as Shown on record. \$7,350.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/02/1996	5b. Amount of Capital Contributions in FLORIDA to date \$100.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FEI Number 31-1452156 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country		Zip Country			
9. Name and Address of Current Registered Agent HOFFMAN, HARRY O 2368 ALAQUA DRIVE LONGWOOD FL 32779-3111			10. If changed, now Registered Agent/Office Name 8000002376978--1 Street Address (P.O. Box Number Is Not Acceptable) 12/18/97--01104--008 Suite, Apt. #, etc. ****156.25 ****156.25 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) _____ 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		
HOFFMAN, HARRY O HOFFMAN, KATHLEEN A	2368 ALAQUA DRIVE 2368 ALAQUA DRIVE	LONGWOOD FL 32779 LONGWOOD FL 32779			
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 12/10/97			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 15 AM 10:02



9/12/17

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