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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Sandra P. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

FILED

99 APR -7 AM 9: 42

Name of Limited Partnership	A9600000447		SEGNÉTART OF TALLAHASSEF T	SEGRÉTART UF STATE TALLAHASSEE, FLORIDA	
APPLIED FIBER SYSTEMS,	LTD.				
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
1 <del>4201 MYERLAKE CIRCLE</del> CLEARWATER FL 33760	1 <del>4201 MYERLAKE CIRCLE</del> CLEARWATER FL 33760		03/06/1996 3a. Date of Last Report 01/05/1998	\$790,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 14155 58 TH STRAGE	2a. Principal Office Address 74 STRORT		4. State or Country of Formation	\$1,712,508	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.			Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired  8. Make check payable to Day of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9 Name and Address of Cu	rrent Registered Agent		10. If changed, new Registere		
14201 MYERLAKE CIRCLE CLEARWATER FL 33760  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-for the purpose of changing its registered office or registered agent, or both, in the State of		Suite, Apt. #, etc City  d limited partnership	o organized or regislered under the laws of the	FL Zip Code  FL State of Florida, submits this statement by accept the appointment of registered	
agent. I am familiar with, and accept the obligation of the obliga			DATE		
A GENERAL PARTNER TH	AT IS A CORPORATION, L UST BE REGISTERED AN	IMITED PA	ARTNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera		1b. City, State & Zip Code	11c. Registration/ Document Number	
A.F. SYSTEMS, L.C.	14 <del>201 MYERLAKE GIRGL</del> 1415-5-58774		CLEARWATER FL 34620	L96000000253	
•			500002 -03/01 / 1,799 *****5	7903959 /9901038004 26.25 ****526.25	
Note: General partners MAY N	OT be changed on this form	n; an ameno	dment must be filed to ch	⊥ ange a general partner.	
12. I do hereby certify that the information supplied w	vith this filing is voluntarily furnished and does not	qualify for the exem	notion stated in Section 119 07/3)(k) Florida S	Statutes Trelease 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 520, Florida Statutes.

SIGNATURE WY	DATE 12/22/98	
Typed or Printed Name of General Partner Signing Form WILLIAM R. 14166 pm S	AFSYSTOAS CC Daytime Telephone Number 727 - 530 - 496	) (