FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000001963

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AFALACHEE FANTINENS, ETD.					
Mailing Address 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312	Principal Office Address 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312		3. Date Formed or Registered 10/22/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,000.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apl. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59–3360684	, Applied For	
City & State	City & State		7. Certificate of Status Desired	*** S8.75 Additional	
Zip Country	Zip Country		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		
CONNER, MARK A		Name Street Address (P.O. Box Number is Not Acceptable)			
7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312	Suite, Apt. #, etc.		box rumbur to recopration		
	Сну	<u> </u>		FL Zip Code	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	S A CORPORATION, LIMI BE REGISTERED AND A	TED PAR		R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Num	1	City, State & Zip Code	11c. Registration/ Document Number	
PROACTIVE TECHNOLOGIES, INC.	7118 BEECH RIDGE TRAI		ALLAHASSEE FL 32312 40002 -04/16 ****1	F9600000741 1 4 4 9 5 4 7 7 7 7 0 1 0 6 1 0 0 6 5 6 . 25 1 **** 1 5 6 / 25	
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with annual report is true and accurate and that my sloyalty	s trug is coluntarily furnished and does not qualify	for the exemption	stated in Section 119.07(3)(k), Florida 5	Statutes. I release the Division of r certify that the Information Indicated on the	
empowered to execute this report as required by char	er etc. Fiorida Statutes.				
SIGNATURE Typed or Printed Name of General Partner Signing Form	Mark A. Conner				