

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 10 PM 12:12



1. Name of Limited Partnership
**1a. DOCUMENT #
B94000000156**

ADVANCED QUICK CIRCUITS, LIMITED PARTNERSHIP

Mailing Address 600-C NORTH JOHN RODES BLVD. MELBOURNE FL 32935	Principal Office Address C/O TANGRAM PARTNERS, INC. 200 SOUTH WACKER DRIVE, SUITE 3850 CHICAGO IL 60606
2. Mailing Address 245 East Drive	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32904	Country USA

3. Date Formed or Registered 04/22/1994	5a. Capital Contributions as Shown on record \$6,900,000.00
3a. Date of Last Report 01/22/1996	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 59-3236556	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

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
AQC, INC.	200 SOUTH WACKER DRIV	CHICAGO IL 60606	F94000002099
			000001974600--7 -10/15/96--01165--015 ****576.25 ****576.25
			dec

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 - *Gary Stanton* on behalf of Gen. Partner DATE **10/4/96**
Typed or Printed Name of General Partner Signing Form **GARY STANTON** Daytime Telephone Number **407-752-8747**

CR2E003 (6/96)