## 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

9 DEC 23 PM 2: 31

FILED

SUCRETARY OF STATE TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1e. DOCUMENT # **B95000000128** 



ATLANTIC TECHNOLOGIES		r CM	1 INDO 1116 1816 1816 1816 1816 1816 1816 181	1907 ABAN BONN BONN BONN BOND NOON NOON
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
2227 DRAKE AVE. SW	2227 DRAKE AVE. SW		04/07/1995	\$5,000.00
BLDG. 14	BLDG. 14 HUNTSVILLE AL 35805-5146		3a, Date of Last Report	φυισσίου
HUNTSVILLE AL 35805-5146			12/26/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	
			AL	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 63-1006408	Applied For
City & State	City & State	City & State		Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
		<u>.</u>	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	
WILLIAMSON, EDWARD 135 SEVILLA AVENUE ROYAL PALM BEACH FL 33411		Victor W. Hall Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc.  City Bartow F1 33830		
agent. I am familiar with, and accept the observations of the observation of the second secon	fice or registered agent, or both, in the State of Fi igations of section 620, 192, Florida Statutos.	orida Such change w	vas authorized by ils general partner(s). Ther  DATE  ARTNERSHIP OR OTHE	eby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each Gone	vol Dorley t	b. City, State & Zip Code	11c. Registration/
DENNEY, R. STEVEN	208 EXCHANGE PLACE		HUNTSVILLE AL 35806	
de la companya de la			600002 -12/29 *****1	384856 1 1/8701124005 56.25 ****156.25
Note: General partners MAY I	NOT be changed on this for	m; an ameno	iment must be filed to ch	ange a general partner.

12. I do hereby certify that the Information supplied with this fifing 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 earth. 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 artner Signing Form

. Saadaan Talambanna Alambaa

DATE 10-20-97

Daytime Telephone Number