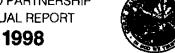
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A14987

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB 17 AM 10: 12



7/25/1983 Date of Last Report	5a. Capital Contributions as Shown on record.
2/18/1996 tate or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date: \$837,627.13
L El Number <b>9-2302<del>9</del>05</b>	Applied For Not Applicable
ertificate of Status Desired	\$8.75 Additional Fee Required
ake check payable to: Dept. of	State (See reverse side for fee information
). If changed, new Registered	d Agent/Office
by its general partner(s). I here	FL Zip Code 32779  ne State of Frorida, submits this statement eby accept the appointment of registered  Feb. 9, 1998  R BUSINESS ENTITY
ity, State & Zip Code	11c. Registration/ Document Number
00 FL 400002 -02/20 ****\$	4 36 95 4 4 28 97111 001 26 25 ***** 526 . 25
_ u	ist be filed to cha

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 Y

Feb. 9, 1998

Anita T. Geist Daytime Telephone Number (407) 862-1114 Typed or Printed Name of General Partner Signing Form



## FILING COVER SHEET

REFERENCE:	<u>0171.1640</u> 2-17-98
DATE:	2-17-98
CONTACT:	CINDY HICKS
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES
	103 N. MERIDIAN STREET
	TALLAHASSEE, FL 32301
TELEPHONE:	222-1173
SUBJECT:	National Factors, 1td
STATE FEES PREPAID W	TH CHECK # <u>8798</u> FOR \$ <u>526.25</u>
PLEASE FILE:	//
( ) ARTICLES OF INC.	( ) AMENDMENT ( ) DISSOLUTION SANNUAL REPORT
( ) QUALIFICATION	( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT
( ) FICTITIOUS NAME	
( ) UCC-1	Oucc3
PROVIDE US WITH:	
( ) CERTIFIED COPY	( ) CERTIFICATE OF STATUS
	Notive Co. Co.

Examiner's Initials