

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 17 AM 10:12

1. Name of Limited Partnership

1a. DOCUMENT #
A14987

NATIONAL FACTORS, LTD.



Mailing Address

Principal Office Address

2170 W. STATE RD., #434
SUITE 300
LONGWOOD FL 32779

2170 W. STATE RD., #434
SUITE 300
LONGWOOD FL 32779

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

07/25/1983

3a. Date of Last Report

12/18/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$837,627.13

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$837,627.13

6. FEI Number

59-2302905

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

GEIST, SIDNEY R.
2170 W. STATE RD. #434
SUITE 300
LONGWOOD FL 32779

10. If changed, new Registered Agent/Office

Name

Geist, Anita T.

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

2170 W. State Road #434

Suite, Apt. #, etc.

Suite 300

City

Longwood

FL

Zip Code

32779

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) *Anita T. Geist*

DATE Feb. 9, 1998

**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

~~GEIST, SIDNEY R., JR.~~

2170 W. STATE RD, #300

LONGWOOD FL

Anita Geist

Amendment filed
2-17-98

"

"

400002436954--4

-02/20/98-0111-001

*****526.25 *****526.25

2-17

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 *Anita T. Geist*

DATE Feb. 9, 1998

Typed or Printed Name of General Partner Signing Form

Anita T. Geist

Daytime Telephone Number (407) 862-1114

CR2E003 (6/97)

FILING COVER SHEET

REFERENCE:

0171. 1040

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, Ltd.

STATE FEES PREPAID WITH CHECK # 8798 FOR \$ 526.25

PLEASE FILE:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ARTICLES OF INC. | <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> DISSOLUTION | <input checked="" type="checkbox"/> ANNUAL REPORT |
| <input type="checkbox"/> QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> ANNUAL REPORT | |
| <input type="checkbox"/> FICTITIOUS NAME | <input type="checkbox"/> LIMITED LIABILITY | <input type="checkbox"/> REINSTATEMENT | |
| <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 | | |

PROVIDE US WITH:

- | | |
|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF STATUS |
|---|--|

Examiner's Initials

RECEIVED
98 FEB 17 AM 10:01
DIVISION OF CORPORATION
STAMPED COPY