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

1. Name of Limited Partnership

A17525

SECRETARY OF STATE DIVISION OF CORPORATIONS

95 OCT 25 PH 1: 28



# 1,456,000.00 TAMPA FL 33624 TAMPA FL 33624 2. Mailing Address 3. Principal Office Address 3. Principal Office Address 4. State or Country of Formation FL 5. Amount of Capital Contributions in Ft ORION to did 5. Cert ficate of Status Desired FR 7. Cert ficate of Status Desired FR 8. Make cherx, payatro to Dept of State (Soc reverse side for fee information) 9. Name and Address of Current Registered Agent HOHL, TIMOTHY M. 4.104 W. LINEBAUGH AVE STE. #201 TAMPA FL 33624 10. If changed, new Registeres Agent/Office Site (April # etc.) City & State of London State (Soc reverse side for fee information) 9. Vice April # etc. City & State of London State (Soc reverse side for fee information) 10. If changed, new Registeres Agent/Office of the provisions of sections 620 192 Finds Statutes, the above-baned inneed partnership organized or registered under the laws of the State of Foods, submits this statem for the provisions of sections 620 1931 and 620 192 Finds Statutes 10. If changed new Registered under the laws of the State of Foods, submits this statem for the provisions of sections 620 1931 and 620 192 Finds Statutes SignMatures (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED BUSINESS ENTITED.	NCO FLORIDA FUND, LTD.					INODI BINI BIBN DIDIN DADA BIDN BIDN DIDIN DID
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2. Mailing Address 2. Principal Office Address 2. Principal Office Address 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Space of Country 5. Suite, Apt. #, etc. 7. Centricate of Satus Desired 3. \$8.75 Addisonal Tree Required 1. Not Applicable 7. Centricate of Satus Desired 3. \$8.75 Addisonal Tree Required 1. Not Applicable 7. Centricate of Satus Desired 3. \$8.75 Addisonal Tree Required 1. Not Applicable 7. Centricate of Satus Desired 3. \$8.75 Addisonal Tree Required 1. Not Applicable 7. Centricate of Satus Desired 3. \$8.75 Addisonal Tree Required 1. Not Applicable 7. Centricate of Satus Desired 3. Satus Sa	TAMPA FL 33624					5b. Amount of Canital
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country 3, Name and Address of Current Registered Agent HOHL, TIMOTHY M. 4104 W. LINEBAUGH AVE STE. #201 TAMPA FL 33624 TOR. Pressunt to the provisions of sections 620 1051 and 620 152 Florida Statutes, the althour and pressing programmed or registered under the bas of the State of Forder, sushins this statem for the propose of changing its registered agent or both, in the State of Findes Such change was author zed by its general partner(s). I horstly accept the appoint used of registered Agent agent to registered agent or both, in the State of Findes Such change was author zed by its general partner(s). I horstly accept the appoint used of registered Agent Accepting Agent Accepting Appenditured. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITEMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 12. February DATE TAMPA FL February Febr	2 Malling Address	22 Dissipat Office Address				Contributions in FLORIDA to date
City & State Country Country Country Country Country To Countr	Z. Mailing Adoress	Za. Principal Office Address	Za. Principal Office Address		FL	
Tourist State City & State Tourist Tou	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-2427012	Applied For
8. Make chers, payative to Dept of State (See reverse side for fee informs 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Diff co Name 10. If changed, new Registered Agent/Diff co Name 10. If changed, new Registered Agent/Diff co Name Street Address (P.O. Box Number is Not Acceptable) Such Apx # etc City FL Zip Code TamPA FL 33624 Tap Code To pursuant to the provisions of sections 620 1051 and 620 132. Fordida Stabules, the above hanced timited partnership organized or registered under the loads of the State of Foodida, submits this statem for the the purpose of changing its registered agent, or both, in the State of Foodia Such change was authorized by its general partner(s). I horizby accept the obligations of section 620 192, Florida Statutes SIGNATURE (Flogistered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Pasa Office 800 Numbers) 11b. City, State 8 Zip Code 11c. Registratory Document Number EXECUTIVE NATIONAL DEV. CORP 4104 W. LINEBAUGH AVE TAMPA FL F66032 SUITE ADMPA FL F66032 TAMPA FL F66032	City & State	City & State			7. Cert-ficate of Status Desired	\$8.75 Additional
9. Name and Address of Current Registered Agent HOHL, TIMOTHY M. 4104 W. LINEBAUGH AVE STE. #201 TAMPA FL 33624 Sure Apt # ele City City FL Zip Code FL City FL City FL Zip Code FL City F	Zip Country	Zıp	Country	-	8 Make check payable to Doot s	Fee Required
HOHL, TIMOTHY M. 4104 W. UNEBAUGH AVE STE. #201 TAMPA FL 33624 Su to Apt # etc City FL Zip Code To the provisions of sections 620 1051 and 620 197. Florida Statutes, the above hanced irruited partnership organized or registered under the laws of the State of Florida, submiss this staten for the purpose of changing its registered office or registered agent. Or both, in the State of Florida Such change was author zed by its general partner(s). Therefore experimental or registered agent are followed to the displacement of the State of Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED BY THE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s). 11a. (Do NOT Use Post Office Box Numbers). 11b. City, State & Zip Code 11c. Registratory Decument Number F66032 F66032 ***********************************					• Make Check payage to Dept C	in State (See reverse side for led informatik
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite Apt if etc City FL Zip Code Therethy accept the appoint hent of registe adareas author zed by its general partner(s) I therethy accept the appoint hent of registe adareas author zed by its general partner(s) 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. (Do NOT Use Post Office Box Numbers) 11b. City State 8 Zip Code 11c. Registration Document Number FRENCE FREN	9. Name and Address of Curre	nt Registered Agent			10. If changed, new Registers	ea Agent/Office
STE. #201 TAMPA FL 33624 Suite: Apt # etc. City: FL Zip Code To the purpose of changing its registered 20 flost and 620 197. Florida Statutes, the above harned timited partnership organized or registered under the taxs of the State of Florida, submits this staten for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent, I am familiar with, and accept the obligations of section 620 192, Florida Statutes. BATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & 7tp Code 11c. Registration/Document Number EXECUTIVE NATIONAL DEV. CORP 4104 W. UNEBAUGH AVE TAMPA FL F66032 SUBJECT: SUBJECT			Name			
TAMPA FL 33624 City City FL Zip Code Toda. Pursuant to the provisions of sections 620 1051 and 620 197. Florida Statutes, the above hanced irrited partnersh plorgamized or registered under the taxs of the State of Florida, submits this statem for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620 197. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Nanie(s) of General Partner(s) 11a. (b) Address of Each General Partner 11b. Oily, State & Zip Code 11c. Registration/Document Number EXECUTIVE NATIONAL DEV. CORP 4104 W. LINEBAUGH AVE TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner 11b. Oily, State & Zip Code 11c. Registration/Document Number F66032 SIGNATURE (Registration) Address of Each General Partner 11c. Programment Number F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) Address of Each General Partner TAMPA FL F66032 SIGNATURE (Registration) TAMPA FL F66032 SIGNATURE (Registration) TAMPA FL			Street Add	ess (P.O. Bo	x Nuniber is Not Acceptable)	
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-hamed limited partnership organized or registered under the laws of the State of Florida, submits this state of Florida Such change was authorized by its general partner(s). It 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 ENTITED MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Nanie(s) of General Partner(s). 11a. (Do NOT Use Foot Office Box Numbers). EXECUTIVE NATIONAL DEV. CORP 4104 W. LINEBAUGH AVE TAMPA FL F68032 ******576. 25			Suite Apt # etc			
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11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number EXECUTIVE NATIONAL DEV. CORP 4104 W. LINEBAUGH AVE TAMPA FL F66032 5000011 1.5 55 755 755 755 755 755 755 755 755 75	for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the company of the company of the company of the purpose of th	or registered agont, or both, in the State of Fins of section 620 192, Florida Statutes I IS A CORPORATION,	lorida Suchicha	nge was auth	or zed by its general partrier(s). The DATE NERSHIP OR OTHE	reby accept the appointment of registere
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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		not qualify for the			

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 \$20. Florida Statutes SIGNATURE _ DATE _ 19/2/196

Typed or Printed Name of General Partner Signing Form _ Timethy M. Hoh! Daytmic Telephone Number _