

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
 97 FEB 24 PM 2: 36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A93000000059
FLORIDA CONVENIENCE PARTNERS, LTD. 97-AR CM	



Mailing Address 1500 LEE ROAD, SUITE 109 ORLANDO FL 32810	Principal Office Address 1500 LEE ROAD, SUITE 109 ORLANDO FL 32810	3. Date Formed or Registered 01/19/1993	5a. Capital Contributions as Shown on record. \$440,000.00
		3a. Date of Last Report 01/16/1996	5b. Amount of Capital Contributions in FLORIDA to date: 440,000.00
		4. State or Country of Formation FL	
2. Mailing Address 1836 Woodward St. Suite, Apt. #, etc.	2a. Principal Office Address 1836 Woodward St. Suite, Apt. #, etc.	6. FEI Number 59-2946820 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Orlando FL	City & State Orlando FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32803 Country USA	Zip 32803 Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

DETWEILER, MARLIN
 1500 LEE ROAD
 SUITE 109
 WINTER PARK FL 32789

10. If changed, new Registered Agent/Office

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1836 Woodward St.
 Suite, Apt. #, etc.
 City
 Orlando FL Zip Code
 FL 32803

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
THE DETWEILER COMPANY	1500 LEE ROAD, STE 1 1836 Woodward St.	ORLANDO FL 32810 32803	H38554
DAVIDUK, RICHARD	400 WILD OAK CIRCLE	LONGWOOD FL 32770	
STRANG BACHMAN AND COMPANY	200 AVE. B, N.W.	WINTER HAVEN FL 33881	K24724

000002100360--3
 -02/27/97--01093--011
 *****541.25 *****541.25

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  Pres TAC, GP DATE 2/17/97
 Martin Detweiler Daytime Telephone Number 717-687-5122

CR2E003 (1/1/96)