FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



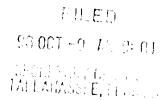
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000001055



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AMERICAN RESOURCE RECOVERY, LTD.				(1864) 1444 1444 1444		
Mailing Address 257 PLAZA DR.		Principal Office Address 257 PLAZA DR.		3. Date Formed or Registered	5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
				07/13/1995		
UNIT D		UNIT D		38. Date of Last Report		
OVIEDO FL 32765		OVIEDO FL 32765		09/18/1997		
2. Mailing Address		2a. Principal Office Address		FL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		59-3326571		
Zip	Country	Zip Country		7. Cerlificate of Status Desired	\$8.75 Additional	
Ζιμ	Country			8. Make check payable to: Dept. of	8. Make check peyable 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		
CLARK, SCOTT D			Name			
369 N. NEW YORK AVE.			Street Address (P.O. Box Number Is properly 02663173-6			
STE. 300			Suite, Apt. #, etc10/14/98 -01020 -006 ****141.25 ****141.25			
WINTER PARK FL 32789			City FL Zip Code			
for the pu	to the provisions of sections 620.1051 an rypose of changing its registered office or i im familiar with, and accept the obligations	egistered agent, or both, in the State of Fig	ned limited partnershi rida. Such change w	ip organized or registered under the laws of th as authorized by its general partner(s). I herel	e State of Florida, submits this statement by accept the appointment of registered	
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 Gene	-al Dartner	1b. City, State & Zip Code	11c. Registration/	
		(DO NOT USE FOST ORICE I	SON HOLLOGIS)		Document (europe)	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

OVIEDO FL 32765

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(2)(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 change 620, Florida Statutes.

SIGNATURE ___

SABETHA FUNDING CORPORATION

Kenneth L. White Typed or Printed Name of General Partner Signing Form

257 PLAZA DR., UNIT D

P95000045212