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

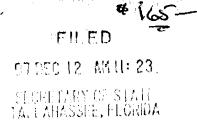
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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OVERNMENT RECEIVABLES FACTORING, LIMITED PARTNE ISHIP		e nodinen sena salet anni sabith danih sabiti sabith dalah anabi atalih saba atitih sabi 1901			
Mailing Address SSO SOUTH COUNTY RD. STE. 202 PALM BEACH FL 33480	Principal Office Address 350 SOUTH COUNTY RD. OF STE. 202 PALM BEACH FL 33480	cm	3. Date Formed or Registered 09/22/1995 3a. Date of Last Report 02/07/1997	5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0593105	Applied For Not Applicable	
City & State Zip Country	City & State Zip Country		7. Certificate of Status Dosired	\$8.75 Additional Fee Hoguired	
			8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		Ţ <u>.</u>	10. If changed, new Registered Agent/Office		
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION MUST BE REGISTERED		N, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY AND ACTIVE WITH THIS OFFICE.			
PARTNERSHIP MANAGEMENT SERVI	Address of Each General Parliner (Do NOT Use Post Office Box Numbers) 350 SOUTH COUNTY RD.,		City, State & Zip Code	P95000068680	
Note: General partners MAY NOT	oe changed on this for	n; an amendm	ent must be filed to cha	ange a general partner.	

It to hereby certify that the information sugnified with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes Trelease the Division of Chrporations 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 focureto use that my signature shall have the same legal effects as if made under eath. 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 Effects these.

Typed or Printed Name of General Partner Signing Form

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Daytime Telephone Number 561-833-7449