


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 11 PM 12:34

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12/15



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership F.C.F. INVESTMENTS, LTD.		1a. DOCUMENT # A96000000234	
Mailing Address 5030 WEST COLONIAL DRIVE ORLANDO FL 32808		Principal Office Address 5030 WEST COLONIAL DRIVE ORLANDO FL 32808	
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 02/01/1996	
		3a. Date of Last Report 01/22/1998	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$40,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 40,000.00	
		6. FEI Number 59-3393207 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$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 O'NEILL, BERNARD C JR., ESQ 200 E. ROBINSON STREET, #865 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____

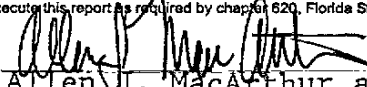
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) FAST CHECK OF FLORIDA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5030 WEST COLONIAL DR	11b. City, State & Zip Code ORLANDO FL 32808	11c. Registration/Document Number K87050
300002710349--3 -12/18/98--01082--005 ***368.75 ***368.75			

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


Allen J. MacArthur as President of Fast Check of Florida, Inc.

DATE 12/8/98

Typed or Printed Name of General Partner Signing Form General Partner

Daytime Telephone Number (407) 578-5926

CR2E003 (8/98)