

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 30 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A98000001537

CLEVELAND PLAZA, LTD.

Mailing Address

1213 CLEVELAND STREET
CLEARWATER FL 33755

Principal Office Address

1213 CLEVELAND STREET
CLEARWATER FL 33755

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

06/24/1998

3a. Date of Last Report

4. State or County of Formation

FL

5a. Capital Contributions as
Shown on record.

\$352,950.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$352,950.00

6. FEI Number

59-3518352

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

JENNEWAIN, JONATHAN P
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

MARK H. WILKINS

Street Address (P.O. Box Number Is Not Acceptable)

1213 Cleveland Street

Suite, Apt. #, etc.

City

Clearwater

FL

Zip Code

33755

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)

Mark H. Wilkins

DATE

11/4/98

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

WILKINS CORP.

2778 QUAIL HOLLOW ROA

CLEARWATER FL 33761

P98000054597

VOGEL CORP.

2209 RIVERVIEW BLVD.

BRADENTON FL 34205

P98000054589

CONPROP OF TAMPA, INC.

6807 BLUFFS BLVD.

TEMPLE TERRACE FL 336

P95000022389

100002744901--5
-01/15/99--01120--004
****526.25 ****526.25

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

Wilkins Corp. by Mark H. Wilkins, President

DATE

11/4/98

Typed or Printed Name of General Partner Signing Form

WILKINS Corp. MARK H. WILKINS

Daytime Telephone Number

(813) 947-7330

CR2E003 (3/98)