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

a. DOCUMENT # A95000001566

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 16 PM 12: 07

PERIAL TOWERS PARTNERS, LTD.	

IMPERIAL TOWERS PARTNERS, LTD.								
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
1201 SOUTH ORLANDO AVE., SUITE 360	1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK FL 32789			10/17/1995	\$1,000.00			
WINTER PARK FL 32789				3a. Date of Last Report 12/24/1997				
			}	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:			
2. Mailing Address	2a. Principal Office Address			FL				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For			
City & State	City & State			59-3338886	Not Applicable			
Zip Country	Zip Country			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 Re	gistered Agent	1		10. If changed, леw Registered Agent/Office				
STRONG, DAVID C 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK FL 32789 Name Street Addi		Name						
		Street Addr	Street Address (P.O. Box Number Is Not Acceptable)					
		#, etc.						
	City			FL Z				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Floride 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)	<u></u>			DATE				
A GENERAL PARTNER THAT IS MUST	<u>BE REGISTERED ANI</u>	D ACTIV	PART	NERSHIP OR OTHER H THIS OFFICE.	BUSINESS ENTITY			
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c. Registration/ Document Number			
STRONG/IMPERIAL, INC.	1201 S. ORLANDO AVE.,		WINTER PARK FL 32789		P97000067597			
		i		100002E -11/19/ ****66	916717 9801076002 1.50 ****141.25			
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 filling 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 flability 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 accurage 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 a general Partner of the limited partnership, receiver or trustee

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DATE October 1, 1998

Daytime Telephone Number 407 629-1800