

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 16 PM 4:04



012/17

1. Name of Limited Partnership MILLER PLAZA, LIMITED		1a. DOCUMENT # A08522		3. Date Formed or Registered 01/25/1980	5a. Capital Contributions as Shown on record. \$318,000.00
Mailing Address 3840 N. 38TH AVE HOLLYWOOD FL 33021		Principal Office Address 3840 N. 38TH AVE HOLLYWOOD FL 33021		3a. Date of Last Report 11/27/1996	5b. Amount of Capital Contributions in FLORIDA to date.
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-1937502	<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		7. Certificate of Status Desired	<input type="checkbox"/>	
Zip Country	Zip Country		8. Make check payable 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	
BRANT, BENJAMIN 3840 N. 38TH AVE HOLLYWOOD FL 33021		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) MPSC INVESTMENTS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4705 NORTH 40TH STREET 3840 No 38 Ave.	11b. City, State & Zip Code HOLLYWOOD FL 33021	11c. Registrar/Document Number P93000072265
600002378056--6 -12/19/97--01089--004 ***541.25 ***541.25			

CR2E003 (6/97)

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 *Benjamin Brant* DATE 12/9/97
 Typed or Printed Name of General Partner Signing Form Benjamin Brant Daytime Telephone Number 305 947-9055