

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 22 AM 8:23



1. Name of Limited Partnership

1a. DOCUMENT #
A14168

FOWLER PLAZA C.V., LTD.

Mailing Address

% AMNED PROPERTIES INC.
10549 N. FLORIDA AVE ST K
TAMPA FL 33612

Principal Office Address

% AMNED PROPERTIES INC.
10549 N. FLORIDA AVE ST K
TAMPA FL 33612

3. Date Formed or Registered

03/18/1983

3a. Date of Last Report

12/24/1996

4. State or Country of Formation

OC

5a. Capital Contributions as
Shown on record.

\$1,600,000.00

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

2. Mailing Address

% AmNed Properties, Inc.

2a. Principal Office Address

% AmNed Properties, Inc.

Suite, Apt. #, etc.

13902 N. Dale Mabry Hwy. #165

City & State
Tampa, Florida

Suite, Apt. #, etc.

13902 N. Dale Mabry Hwy. #165

City & State
Tampa, Florida

Zip

33618

Country

USA

Zip

33618

Country

USA

6. FEI Number

98-0056052

☐ 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

MYERS PARKINSON, W. O
C/O AMNED PROPERTIES, INC.
10549 N. FLORIDA AVENUE, SUITE K
TAMPA FL 33612

10. If changed, new Registered Agent/Office

Name

W. Parkinson Myers

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

Suite, Apt. #, etc.

13902 N. Dale Mabry Hwy., Suite 165

City

Tampa

State

FL

Zip Code

33618

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)

W. Parkinson

DATE

12/16/97

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)

KOMPAS MAKELAARDIJ 'T GOOI B

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

GRAVELANDSEWEG 86D

11b. City, State & Zip Code

HILVERSUM, NETHERLAN

11c. Registration/
Document Number

F93000002008

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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

Victor R. Franssen

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

703-506-1016

CR2E003 (6/97)