

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 28 PM 12:31



1. Name of Limited Partnership

1a. DOCUMENT #
A17220

HYPOLUXO PLAZA, LTD.

Mailing Address
**7100 S. MILITARY TRAIL
LAKE WORTH FL 33463**

Principal Office Address
**C/O WILSON B. GREATON, JR.
POST OFFICE BOX 39238
FT. LAUDERDALE FL 33339-9238**

3. Date Formed or Registered
06/13/1984

5a. Capital Contributions as
Shown on record
\$40,000.00

3a. Date of Last Report
10/03/1995

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date
\$40,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number
65-0110764

☐ 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

**GREATON, WILSON B JR.
2601 EAST OAKLAND PARK BLVD.
#405
FT. LAUDERDALE FL 33306**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**700001992827--7
10/31/96-01095-014
****418.FL ****418.75**

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

GREATON, WILSON B JR.

P.O. BOX 39238 N/A

FT. LAUDERDALE FL 333

SIGNATURE

Wilson B. Greaton, Jr.

Wilson B. Greaton, Jr.

DATE **10/23/96**

954/561-0313

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)