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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

HYPOLUXO PLAZA, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

. DOCUMENT # A17220

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 00T 28 PM 12: 31



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 33339-923	C/O WILSON B. GREATON. JR.		ate Formed or Registered 16/13/1984 Date of Last Report 10/03/1995	5a. Capital Contributions as Shown or record \$40,000.00		
					4. State or Country of Formation		5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address		2a. Principal Office Address			FL 6. FEI Number 65-0110764		\$40,000.00 Applied For Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc		6. FE				
City & State		City & State		7. Ce	ert ficate of Status Desired		\$8.75 Additional	
Zip	Country	Zip	Country	8. <i>N</i>	lake check payable to Dept i	of State (See rev		
	9. Name and Address of C	urrent Registered Agent		10	L II changed, new Registere	ed Agent/Office		
GREATON, WILSON B JR.			Name					
	ST OAKLAND PARK BLVD.		Street Address (P.O. Box Number Is Not Acceptable)					
#405			Suite, Apt #, etc フィロココオコココフロフィーー					
#			Suite, Apt #,	, etc	200001	992:	97	
#	ERDALE FL 33306		Suite, Apt #,	etc	700001 -10/3 ****	992: 1 /96 0 418. FL	32 7 1 035 014 ****418.75	
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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 Trelease 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's greature 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 trustice empowered to execute this report as required by chapter 620. Furida Statutes

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

Wilson B. Greaton, Jr.

DATE

Daytime Telephone Number

10/23/96

954/561-0313