FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

TO REVOCATION AND \$500 PENALTY FEE SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED PARTNERSHIP ANNUAL REPORT 1998 98 JAN 27 PH 12: 57 **DOCUMENT #** 1. Name of Limited Partnership 1a. A20367 IMPERIAL PLAZA ASSOCIATES, LTD. **58.** Capital Contributions as Shown on record 3. Date Formed or Registered Mailing Address Purcipal Office Address 7/17/85 c/o Continental Equities Group c/o Continental Equities 110-64 Queens Blvd., #297 4,005,000 3a. Date of Last Report Porest Hille, NY 11375 110-64 Queens Blvd., #297 **5b.** Amount of Capital Contributions in FLORIDA to date 9/25/96 Forest Hills, NY 11375 4. State or Country of Formation 2.c./8 Continental Equities Group Cyclottifiental Equities/ Florida 950,000. 127 E 59th Street Suite, Apt. #. etc. Suite, Apt. #, etc 6. FEI Number Applied For Suite 201B Suite 201B Not Applicable 13-3280261 City & State City & State New York, NY New York, NY 7. Certificate of Status Desired \$8.75 Additional Country Žip 10022 USA 10022 USA 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 BEDKE, MICHAEL Street Address (P.O. Box Number Is Not Acceptable) RUDNICK & WOLFE 600002420546 -02/03/98--01096--023 Suite, Apt. # letc 101 E. KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602 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 Fiorida, 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. Lam familiar with, and accept the obligations of section 620-192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number Pearlstein, Edward 535 Fifth Ave., Rm.301 New York, NY 10017 10022 Goldfinger, Glenn New York, NY 10022 Gol, Jane New York, NY 10017 127 2 59 h St Room 201B 10022 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Loo 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. Frelease the Division of

Corporations from any trability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decribed 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE ____

Jane Gol

empowered to execute this report as required by chapter 620, Florida Statutes,

DATE 1/19/98

Daytime Telephone Number (2/2) 421 -480(