

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED 101/8
99 JAN -5 AM 9:47

1. Name of Limited Partnership:

1a. DOCUMENT #
A20367

IMPERIAL PLAZA ASSOCIATES, LTD.

Mailing Address

C/O CONTINENTAL EQUITIES GROUP
127 EAST 59TH STREET, SUITE 201-B
NEW YORK NY 10022

Principal Office Address

C/O CONTINENTAL EQUITIES GROUP
127 EAST 59TH STREET, SUITE 201-B
NEW YORK NY 10022

2. Mailing Address: *to continue, left over*

38 E 57th St

Suite, Apt. #, etc.

3rd floor

City & State

New York NY

Zip

10022 USA

2a. Principal Office Address

C/O Continental Equities

Suite, Apt. #, etc.

38 E 57th St 3rd fl

City & State

New York NY

Zip

10022 USA

3. Date Formed or Registered

07/17/1985

3a. Date of Last Report

01/27/1998

4. State or Country of Formation

FL

6. FEI Number

13-3280261

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$1,469,039.00

5b. Amount of Capital
Contributions in FLOFIDA
to date

1,469,039.00

☐ Applied For
☐ Not Applicable

9. Name and Address of Current Registered Agent

**BEDKE, MICHAEL
RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602**

Name

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

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

FL Zip Code

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)

IMPERIAL PLAZA, INC.

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

127 EAST 59TH STREET,
38 E 57th St
3rd floor

11b. City, State & Zip Code

NEW YORK NY 10022

11c. Registration/
Document Number

P98000011043

00000012702330- - 5.
-02/02/99-01079-020
***526.25 ***526.25

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 DVS on 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

DATE

Typed or Printed Name of General Partner Signing Form

Sandra B. Mortham

Daytime Telephone Number: 212 921 4301