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

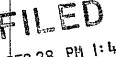
LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State



1999		DIVISION OF CORPORATION	NS OG (	DEC 28 PM 1:49			
1. Name of Limited Partnership	1a. A23	DOCUMENT # <b>769</b>	SE TAL	CRETARY OF STATE CRETARY OF STATE LAHASSEE, FLORIDA			
CENTRAL PARK INVES	STORS, LTD.						
Mailing Address	Principal Office A	Principal Office Address		3. Date Formed or Registered	5a. Capita	I Contributions as	
333 N.W. 70 AVENUE SUITE 207 PLANTATION FL 33317	SUITE 207	333 N.W. 70 AVENUE		12/11/1986 3a. Date of Last Report 03/20/1998	\$618,750.00  5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal C	2a. Principal Office Address		4. State or Country of Formation	to date:		
Suite, Apt. #, stc.		Suite, Apt. #, etc.		6. FEI Number 59-2744819	<u> </u>	Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired			_
Zip Country	Zip	Country	_	8. Make check payable to: Dept. of S		\$8.75 Additional Fee Required se side for fee Information	on)
9 Name and Addr	ress of Current Registered Agent			10. If changed, new Registered	Agent/Office		
		Name					
INFANTE, CHARLES M.		Street Add	ress (P.O. Bo	ox Number is Not Acceptable)			_
SUITE 207	333 N.W. 70 AVE. SLITE 207 Suite, Apt. #, etc.		#, etc.				$\dashv$
PLANTATION FL 33317		City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	
	stered office or registered agent, or both it the obligations of section 620.192, Flo spointment)  R THAT IS A CORPO	, in the State of Florida, Such chang rida Statutes.	ge was auth	DATEDATE_	State of Florida accept the ap	cointment of registered	
11. Name(s) of General Partner(s)	1		11b.	City, State & Zip Code	11c.	Registration/ Document Number	$\dashv$
INFANTE, CHARLES M.		(BUNG) Use Post Office Bux Nothbers		NTATION FL	Constanting		CR2E003 (8/98)
					/\$901	3223 078016 ****526.25	3 0
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
this annual report is true and accurate	supplied with this filing is voluntarily fun compliance with Section 119.07(3)(k) in and that my signature shall have the se equired by chapter 620, Florida Statutes	the event that the information suppl ame legal effects as if made under o	lied is deem	ed exempt from public access. I further	certify that the i	nformation indicated on	

12.			rlly furnished and does not qualify for the			
	Corporations from any liability of n	on-compliance with Section 119.07(3)	)(k) in the event that the information supp	plied is deemed exempt from public acc	cess. I further certify that the information	indicated on
	this annual report is true and accu-	rate and that my signature shall have	the same legal effects as if made under	oath. I further certify that I am a Gener	al Partner of the limited partnership, rec	eiver or trustee
	empowered to execute this report	as required by chapter 620, Florida S	tatutes.			
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SIG	TAN	URE
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Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number