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
95 DEC 21 PM 9:43

1. Name of Limited Partnership

CENTRAL PLAZA NORTH, LTD.

1a. DOCUMENT #
A93000000626

5/12/97

Mailing Address
% SLOKKER AMERICA, INC.
10549 N. FLORIDA AVENUE, SUITE K
TAMPA FL 33612

Principal Office Address
% SLOKKER AMERICA, INC.
10549 N. FLORIDA AVENUE, SUITE K
TAMPA FL 33612

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
06/14/1993

3a. Date of Last Report
12/19/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$2,956,100.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-2493369
☐ 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

PARKINSON, MYERS E
AMNED PROPERTIES,INC.
10549 N.FLORIDA AVE. SUITE K
TAMPA FL 33612

10. If changed, new Registered Agent/Office

Name: W. Parkinson Myers
Street Address (P.O. Box Number Is Not Acceptable): AmNed Properties, Inc.
Suite, Apt. #, etc.: 10549 N. Florida Avenue, Suite K
City: Tampa FL Zip Code: 33612

10a. Pursuant to the provisions of section(s) 620.104 and/or 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 and agree to act in this capacity. I further accept the obligations of section 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) W. Parkinson DATE 7/26/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name 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
SLOKKER AMERICA, INC.	10549 N. FLORIDA AVEN	TAMPA FL 33612	P10713

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare by oath, that the information supplied with this report, voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of every kind 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 effect 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 Marc C. Hutchinson DATE Sep 20, 1996

Typed or Printed Name of General Partner Signing Above Marc C. Hutchinson, Asst. Sec. Daytime Telephone Number 703-506-1006

CR2E003 (6/96)

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