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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -7 AM 9:19

1. Name of Limited Partnership

1a. DOCUMENT # A93000000627

CENTRAL PLAZA CENTRAL, LTD.

Mailing Address	Principal Office Address
% SLOKKER AMERICA, INC. 10549 N. FLORIDA AVENUE, SUITE K TAMPA FL 33612	% SLOKKER AMERICA, INC. 10549 N. FLORIDA AVENUE, SUITE K TAMPA FL 33612
2. Mailing Address: % Slokker America, Inc.	**2a.** Principal Office Address: % Slokker America, Inc.
Suite, Apt. #, etc.: 13902 N, Dale Mabry Hwy #165	Suite, Apt. #, etc.: 13902 N. Dale Mabry Hwy #165
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33618 Country: USA	Zip: 33618 Country: USA

3. Date Formed or Registered: 06/14/1993

3a. Date of Last Report: 12/24/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $736,100.00

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	**10.** If changed, new Registered Agent/Office
MYERS, W. PARKINSON C/O AMNED PROPERTIES, INC. 10549 N. FLORIDA AVE., SUITE K TAMPA FL 33612	Name: W. Parkinson Myers Street Address (P.O. Box Number Is Not Acceptable): 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc.: Suite 165 City: Tampa FL Zip Code: 33618

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) W. Myers DATE 12/8/97

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)	**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~~ 13902 N. Dale Mabry Suite 165	~~TAMPA FL 33612~~ Tampa, FL 33618	P10713

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437.50 103.75 dcc

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 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 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 [signature] DATE 12/11/97

Typed or Printed Name of General Partner Signing Form Victor R. Hansen Daytime Telephone Number 703-506-1006

CR2E003 (6/97)