

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. Moynihan
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 #
A93000000628

CENTRAL PLAZA SOUTH, 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

3. Date Formed or Registered

06/14/1993

5a. Capital Contributions as Shown on record.

\$2,144,100.00

3a. Date of Last Report

12/17/1996

5b. Amount of Capital Contributions in FL ORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

% Slokker America, Inc.

2a. Principal Office Address

% Slokker America, Inc.

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

6. FEI Number

59-3187462

☐ 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

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

10. If changed, now Registered Agent/Office

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

12/18/97

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)

SLOKKER AMERICA, INC.

11a.

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

**10549 N. FLORIDA AVEN
13902 N. Dale Mabry
Suite 165**

11b.

City, State & Zip Code

**TAMPA FL 33612-
Tampa, FL 33618**

11c.

Registration/ Document Number

P10713

**400002412534--2
-01/27/98--01009--022
****541.25 ****541.25**

437.50 103.75

dec

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

Victor R. Franzen

DATE

12/18/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

703-506-1006

CR2E003 (6/97)