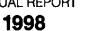
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**





FLORIDA DEPARTMENT OF STATE

Sandra B. Moutham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9300000628

Typed or Printed Name of General Partner Signing Form

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -7 AM 9: 19



CENTRAL PLAZA SOUTH, L	TD.		U HUNUU ADIB TURBU ARAM UDAR U	1141 BEHIR BBITT BBIRL BBIRD BIRLU 11881 ABIR TABI
SLOKKER AMERICA. INC. \$ SLOKKER AMERICA. INC. \$49 N. FLORIDA AVENUE. SUITE K MARA EL 20012		ITE K	3. Date Formed or Registered 06/14/1993 3a. Date of Last Report 12/17/1996	5a. Capital Contributions as Shown on record.
2. Mailing Address % Slokker America, Inc. Suite, Apt. #. etc. 13902 N. Dale Mabry Hwy. City & State	Suite, Apt. #, etc. #165 13902 N. Dale M	2a. Principal Office Address % Slokker America, Inc. Suite Apt. # etc. 165 13902 N. Dale Mabry Hwy #16		5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable
Tampa, Florida Zip Country 33618 USA	Tampa, Florida	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
33618 USA	33618	USA	O. Make check payable to: Dept. of	State (See reverse side for fee information)
9, Name and Address of Cur MYERS, W. PARKINSON AMNED PROPERTIES, INC 10549 N. FLORIDA AVE. SUITE K TAMPA FL 33612 10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent, I am familiar with, and accept the obligit SIGNATURE (Registered Agent Accepting Appointment	1 and 620.192, Fiorida Statutes, the above-nar se or registered agent, or both, in the State of F ations of section 620.192, Florida Statutes.	Suite, Apt, #, etc. Suite, Apt, #, etc. City Tampe	O. Box Number Is Not Acceptable) W. Dale Mabry E. 165 a proganized or registered under the laws of the	FL 33618 The State of Florida, submits this statement aby accept the appointment of registered
A GENERAL PARTNER TH		LIMITED PA	RTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(a) of General Partner(s)	Address of Each Gene (Do NOT Use Post Office I		b. Cily, State & Zip Code	11c. Registration/ Document Number
SLOKKER AMERICA, INC.	10549 N. FLORIDA AVE 13902 N. Dale M Suite 165			P10713 4.1.25.342 73801009022 41.25 ****541.25
Note: General partners MAY N	U31.50 103." OT be changed on this for	· · · · · · · · · · · · · · · · · · ·	<u>Occ</u> ment must be filed to cha	ange a general partner.
12. I de hereby certily that the information supplied we Corporations from any leability of non-compliance this annual report is true and accurate and that in empowered to execute this report as a quired by	e with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects a	information supplied is	deemed exempt from public access. I furth	er certify that the information indicated on

Daylime Telephone Number 763 - 566-606 SIGNATURE .