

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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 APR 10 PM 1:59

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001015**

**NORTH PARSONS PLAZA LTD.**



Mailing Address

8000 E. NORTH ARMENIA AVENUE  
TAMPA FL 33604

Principal Office Address

8000 E. NORTH ARMENIA AVENUE  
TAMPA FL 33604

3. Date Formed or Registered

07/26/1994

5a. Capital Contributions as  
Shown on record.

**\$400,000.00**

3a. Date of Last Report

06/10/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

59-3324550

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

PERRY G. GRUMAN, P.A.  
3400 W. KENNEDY BLVD.  
TAMPA FL 33609

10. If changed, new Registered Agent/Office

Name

0000002488700--2

Street Address (P.O. Box Number Is Not Acceptable)

04/14/98--01098--009

Suite, Apt. #, etc.

\*\*\*\*535.00 \*\*\*\*535.00

City

FL

Zip Code

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)

DATE

**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)

SOFEL CORPORATION

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

AVE. 5A. NORTE, ENRIQ

11b. City, State & Zip Code

PANAMA 9-A

11c. Registration/  
Document Number

F94000003901

*Handwritten signature and initials*

**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

*Handwritten signature of Mark S. Bisenthylias*

DATE

4/8/98

Typed or Printed Name of General Partner Signing Form

Mark S. Bisenthylias V.P. of Sofel Corporation, General Partner

Daytime Telephone Number

CR2E003 (12/97)