

A97000002138

Requester's Name

GIBRALTER PROPERTIES, INC.

415 HIGHLAND AVENUE
RIDGEWOOD, NJ 07450-4813

400002760974--8
-02/01/99-01140-013
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

98203900137 for
R.A.

R.A. Change
2-8-99

Examiner's Initials

LFT

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ENCON ASSOCIATES, LIMITED PARTNERSHIP
Name of the limited partnership

2. 8/01/97 3. A 9700000 2138.
Date of filing/registration in Florida Document number assigned


4. The name and address of the present registered agent and office:

CAPITAL CONNECTIONS
417 EAST VIRGINIA STREET, Suite 1
TALLAHASSEE, FL 32301

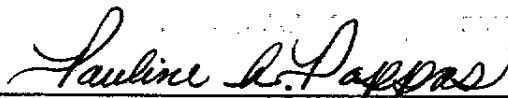
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

PAPPA RETAIL LEASING AND MANAGEMENT
17-73 RD Street NORTH
St Petersburg, FL 33710

Such change was authorized by the general partners.

 V.P. 1/22/99
Signature of General Partner Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

 1/25/99
Registered Agent signature Date

CK# 372
AMT \$ 35 -
1/26/99

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314