

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 217508 (1)

1. Corporation Name
MELBOURNE SHOPPING CENTERS, INC.



Principal Place of Business

P O BOX 407
1936 NEW TAMPA HWY.
LAKELAND FL 33801-3760

Mailing Address

P O BOX 407
1936 NEW TAMPA HWY.
LAKELAND FL 33801-3760

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified 11/24/1958
3a. Date of Last Report 05/01/1995
4. FEI Number 59-6066186 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BILLUPS S KEITH
1936 GEORGE JENKINS BLVD
LAKELAND FL 33801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1904, Florida Statutes, the above named corporation 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 the corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office or Agent

Signature of New Agent for Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BILLIUPS, S K	
STREET ADDRESS	3202 CARLTON CIRCLE W.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KARCHER, TONYA	
STREET ADDRESS	2248 MALACHITE DR	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CURRY, WILLIAM R	
STREET ADDRESS	440 HOWARD AVE.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEATHERS, MARVIN	
STREET ADDRESS	1903 VISTA VIEW DR	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. 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(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE: *S. Keith Billups* S. Keith Billups 3/29/96 (941) 688-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)