

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

00101

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90088 043 \*\*\*150.00

DOCUMENT # 281420

1. Corporation Name

M & S SHOPPING CENTERS INC. OF FLORIDA

Principal Place of Business

901 EAST BLVD  
CHARLOTTE NC 28203-5203  
US

Mailing Address

901 EAST BLVD  
CHARLOTTE NC 28203-5203  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1964

4. FEI Number

56-0845644

Applied For

No 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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PENSON, ALBERT C  
701 EAST TENNESSEE STREET  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEISELMAN, IRA S	
STREET ADDRESS	513 TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LLOYD, PAUL E	
STREET ADDRESS	513 S TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROYSTER, GEORGE A. JR.	
STREET ADDRESS	513 S TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LLOYD, PAUL E	
STREET ADDRESS	513 TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSTON, L.A.	
STREET ADDRESS	513 S TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George Royster
2.3 STREET ADDRESS	901 East Blvd
2.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James I. Stewart
3.3 STREET ADDRESS	901 East Blvd
3.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George A. Royster
4.3 STREET ADDRESS	901 East Blvd
4.4 CITY-STATE-ZIP	Charlotte, NC 28203
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Paul E. Lloyd
6.3 STREET ADDRESS	901 East Blvd
6.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George A. Royster Treasurer 4/23/99 714-377-3495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)