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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # G00549 (7)

1. Corporation Name:
SHOPPING CENTER INVESTMENTS, INC.



Principal Place of Business: **1001 W. CYPRESS CREEK ROAD SUITE 306G FT. LAUDERDALE FL 33309**
 Mailing Address: **1001 W. CYPRESS CREEK ROAD SUITE 306G FT. LAUDERDALE FL 33309-1900**

3. Date Incorporated or Qualified: **09/20/1982**
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business 21 5533 Windrift Lane Suite, Apt. #, etc.	2a. Mailing Address 26 5533 Windrift Lane Suite, Apt. #, etc.	4. FEI Number 59-2238792 Applied For Not Applicable
22 City & State 23 Boca Raton, FL	27 City & State 28 Boca Raton, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33433 25 Country	29 Zip 33433 30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent POLITIS, JOHN 1001 W. CYPRESS CREEK ROAD SUITE 306G FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent	
81 Name (same)	82 Street Address (P.O. Box Number is Not Acceptable) 5533 Windrift Lane	83	84 City Boca Raton, FL
		85 Zip Code 33433	

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: **John Politis, President** Date: **April 24, 1997**
Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLITIS, JOHN 1001 W. CYPRESS CR. 306G FT. LAUDERDALE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5533 Windrift Lane Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATERS, JO 1001 W CYPRESS CREEK RD 306G FT LAUDERDALE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5533 Windrift Lane Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD POLITIS, AMANDA 1001 W. CYPRESS CREEK RD., STE. 306G FT. LAUDERDALE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5533 Windrift Lane Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD POLITIS, JAMES 1001 W. CYPRESS CREEK RD. #306G FT LAUDERDALE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5533 Windrift Lane Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 its 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 as an attachment with an address.

SIGNATURE: **John Politis** Date: **April 24, 1997** (561)394-4383
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)