

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G00549** (7)  
 1. Corporation Name **SHOPPING CENTER INVESTMENTS, INC.**



Principal Place of Business 5533 WINDRIFT LANE BOCA RATON FL 33433 US	Mailing Address 5533 WINDRIFT LANE BOCA RATON FL 33433 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 09/20/1982	4. FEI Number 59-2238792 Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**POLITIS, JOHN**  
**5533 WINDRIFT LANE**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLITIS, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>5533 WINDRIFT LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VPSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATERS, JO</b>	2.2 NAME	<b>Jo Politis</b>
STREET ADDRESS	<b>5533 WINDRIFT LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLITIS, AMANDA</b>	3.2 NAME	
STREET ADDRESS	<b>5533 WINDRIFT LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>EVPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLITIS, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>5533 WINDRIFT LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>400002627394</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/28/98--01028--012</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE **Jo Politis - Jo Politis** 8/14/98 561 394-4383

CR2E034 (5/98)

**SHOPPING CENTER INVESTMENTS, INC.**

*JP 2*

**5533 Windrift Lane  
Boca Raton, FL 33433  
(561) 394-4383  
(561) 394-3915**

**August 13, 1998**

**Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314**

**RE: Shopping Center Investments, Inc.- Annual Filing**

**To Whom it May Concern:**

**Pursuant to my telephonic conversation, enclosed is my annual filing fee for the above referenced in the amount of \$150. As advised earlier this month, we just received this 2<sup>nd</sup> Notice and never received the original notice.**

**Upon your advise, we are submitting our annual filing fee without the penalty.**

**Thank you for your assistance in resolving this matter.**

**Sincerely,**



**Jo Politis  
Vice President**

**JP:jp**