

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG 10 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K98629 (4)

1. Corporation Name
RETAIL CENTERS, INC.

Principal Place of Business 6130 BAYMEADOWS WAY, WEST MR. SCHNEIDER JACKSONVILLE FL 32256	Mailing Address 8130 BAYMEADOWS WAY, WEST MR. SCHNEIDER JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/27/1989	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2960238	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	9. Name and Address of Current Registered Agent SCHNEIDER, RETO J. 8130 BAYMEADOWS WAY, WEST #302 JACKSONVILLE FL 32256	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPS	NAME SULZBACHER, WILLIAM M.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8130 BAYMEADOWS WAY W	CITY - ST - ZIP JACKSONVILLE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE DPT	NAME SCHNEIDER, RETO J.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8130 BAYMEADOWS WAY W.	CITY - ST - ZIP JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE VP	NAME PURVIS, COEN W.	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8130 BAYMEADOWS WAY W	CITY - ST - ZIP JACKSONVILLE FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME DAVID J. KOLBERG	
CITY - ST - ZIP		4.3 STREET ADDRESS SAME ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - 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(3)(b), 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: David J. Kolberg 7/25/95 (404) 636-6778
DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)