FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 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 # L44815

1. Corporation Name

THE BLUFFS SHOPPING CENTER CORPORATION

Principal Place of Business	Mailing Address
2401 PGA Blvd., Suite 168 Palm Beach Gardens, FL 33410	

3. Date Incorporated or Qualified: 1/19/90
3a. Date of Last Report: 2/29/96

2. Principal Place of Business	2a. Mailing Address
21 2401 PGA Blvd., Suite 280	26
Suite, Apt. #, etc. 22 Suite 280	Suite, Apt. #, etc. 27 Suite 280
City & State 23 Palm Beach Gardens, FL	City & State 28
Zip / Country 24 33410 / 25 Palm Beach	Zip / Country 29 / 30

4. FEI Number: 65-0172554 ☐ 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	10. Name and Address of New Registered Agent
JAYNE REGESTER BARKDULL, ESQUIRE LEVY, KNEEN, MARIANI, CURTIN, WIENER, KORNFELD & DEL RUTTO, P.A. 1400 Centrepark Blvd., Suite 1000 West Palm Beach, Florida 33401	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 _____ 4/10/97
Signature, type or print 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, JOHN W.		1.2 NAME	
STREET ADDRESS	2401 PGA Blvd., Suite 820		1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33401		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, PETER F.		2.2 NAME	
STREET ADDRESS	2851 John Street, Suite One		2.3 STREET ADDRESS	
CITY-ST-ZIP	Markha, Ontario, Canada L3R 5S7		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, ROBERT S.		3.2 NAME	
STREET ADDRESS	2851 John Street, Suite One		3.3 STREET ADDRESS	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 5R7		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

100 5-6-97

900002177189
-05/13/97--01091--005
***165.00

CR2E034 (9/96)

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 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: Robert S. Green April 15, 1997 (905) 477-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #