DELINQUENT AFTER JULY 1ST.

...ORATION

ANNUAL REPORT
1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

92 JUN 5 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # L44815 (3)

PR2245015

THE BLUFFS SHOPPING CENTER CORPORATION
1645 PALM BEACH LAKES BLVD SUITE 420
WEST PALM BEACH FL 33401-2213

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If address in Block 1 is incorrect in any way, line through the incorrect information and enter correct address in Block 2. Box is acceptable. The name of the corporation cannot be changed by filing an Annual Report.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 01/19/1990

3a. Date of Last Report: 04/25/1991

4. FEI Number: APPLIED FOR

X FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 / 1x	D/P	PRESTON, JOHN W S	2851 JOHN ST #1	MARKHAM ONTAR CANADA
2 / 2x	D/V	COHEN, PETER F	2851 JOHN ST #1	MARKHAM ONTAR CANADA
3 / 3x	D/S/T	GREEN, ROBERT S	2851 JOHN ST #1	MARKHAM ONTAR CANADA
4 / 4x				
5 / 5x				
6				

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REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WHITE II, JOHN
1645 PALM BEACH LAKES BLVD SUITE 420
WEST PALM BEACH, FL 33401

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. | 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

11. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or an attachment with an address.

SIGNATURE X _____ DATE June 2/92

Typed Name of Signing Officer or Director: ROBERT S. GREEN

Title: DIRECTOR

Telephone Number Daytime: (416) 477-9200

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee.

OLD

DO NOT DETACH THIS STUB