FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44815 (3)

1. Corporation Name
THE BLUFFS SHOPPING CENTER CORPORATION

Principal Place of Business	Mailing Address
4300 SOUTH U.S. HIGHWAY 1, SUITE 204 JUPITER FL 33477	4300 SOUTH U.S. HIGHWAY 1, SUITE 204 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1990
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21 2401 PGA Blvd.
22 Suite, Apt. #, etc. 168
23 City & State: Palm Beach Gardens, FL
24 Zip: 33410 25 Country: USA

2a. Mailing Address
26 2851 John Street
27 Suite, Apt. #, etc. ONE
28 City & State: Markham, Ontario
29 Zip: L3R5R7 30 Country: Canada

4. FEI Number: APPLIED FOR ☐ 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

WHITE, JOHN II, ESQ
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: JAYNE REGESTER BARKDULL
82 Street Address (P.O. Box Number is Not Acceptable): c/o LEVY, KNEEN, BOYES, WIENER
83 1400 CENTREPARK BLVD. ste 1000
84 City: WEST PALM BEACH 85 FL Zip Code: 33401

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 _____ 4/24/95
Signature, typed 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PRESTON, JOHN W	12 NAME	
STREET ADDRESS	4300 SOUTH U.S. HIGHWAY 1	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	BARRY, MARK	22 NAME	Resigned
STREET ADDRESS	4300 SOUTH U.S. HIGHWAY 1	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	COHEN, PETER F	32 NAME	
STREET ADDRESS	2851 JOHN STREET	33 STREET ADDRESS	20000241405 2-
CITY-ST-ZIP	MARKHAM, ONTARIO, CANADA	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	GREEN, ROBERTS S	42 NAME	
STREET ADDRESS	2851 JOHN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONTARIO, CANADA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ Apr 11/95 (905)477-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert S. Green

0274008 CP