

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L54776**

*NC (4)
 12/19/95*

GARDEN SQUARE SHOPPES, INC.
DIVOSTA LAND COMPANY



Principal Place of Business

Mail Address

% OTTO B. DIVOSTA
 4500 PGA BLVD STE 400
 PALM BEACH GARDENS FL 33418

% OTTO B. DIVOSTA
 4500 PGA BLVD STE 400
 PALM BEACH GARDENS FL 33418

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9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B.
4500 PGA BLVD STE 400
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified	3a. Date of Last Report
03/05/1990	01/30/1995
4. FEI Number	Applied For
65-0183474	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Corporation Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution <input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 607.01(2) and 607.1407, 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 607.01(2), Florida Statutes.

SIGNATURE		ADDITIONAL BANKS TO CHECK FEES AND DIRECTOR IN:	
12	13.		
NAME	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
12.1	13.1		
12.2	13.2		
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 ***200.00

*CMC
 3/15/96*

14. I certify that the information supplied in this filing is voluntary. I am not qualified for the exemption status for Section 119.01(4), Florida Statutes. I further certify that I am not a director of the corporation and that the above report is submitted for information only and that my signature shall have the same legal effect as if made under oath. I am not a director of the corporation. The names of banks requested to process this report are responsive to Chapter 607, Florida Statutes, and that my name appears in Section 607.01(2) of the Florida Statutes. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Otto B. Divosta, President

3/7/96 (407) 627-2112
 Date: _____ Daytime Phone: _____

CR2E034 (12/95)