

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90019 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # *P97000059221*

1. Corporation Name  
**CENTREFUND SHOPPING CENTERS, INC.**

Principal Place of Business: 2401 PGA Boulevard, Suite 280, Palm Beach Gardens, FL 33410  
 Mailing Address: 2401 PGA Boulevard, Suite 280, Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/07/97**

4. FEI Number: **65-0913552**

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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24 Country: 25  
 City & State: 27  
 Zip: 28 Country: 29

9. Name and Address of Current Registered Agent

David J. Wiener, Esq.  
 2401 PGA Boulevard  
 Suite 280  
 Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

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

*[Signature]*  
 David J. Wiener, Esq. Registered Agent

4-28-99

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Preston, John W.S.	
STREET ADDRESS	2401 PGA Boulevard, Suite 280	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	V/S/T	<input type="checkbox"/> DELETE
NAME	Green, Robert S.	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario L3R 5R7 Canada	
TITLE	D/V/AS	<input type="checkbox"/> DELETE
NAME	Bernick, Larry	
STREET ADDRESS	2401 PGA Boulevard, Suite 280	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cohen, Peter	
STREET ADDRESS	30 St. Clair Avenue West, Ste. 1400	
CITY-ST-ZIP	Toronto, Ontario M4V 3A1 Canada	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*  
 By: **Larry Bernick, V.P.** SIGNING OFFICER OR DIRECTOR

4-28-99 Date 561-624-9500 Daytime Phone #

CR2E034 (11/98)