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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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



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DOCUMENT # P98000059695

1. Corporation Name

SIMON REAL ESTATE HOLDINGS CORP.

Principal Place of Business

C/O PORT ST. LUCIE PROPERTIES, INC.
482 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

Mailing Address

C/O PORT ST. LUCIE PROPERTIES, INC.
482 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/06/1998 98-0194234

4. FEI Number

98-0194234

Additional Fee Required

\$8.75

5. Certificate of Status Desired

☐

\$5.00

6. Election Campaign Financing
Trust Fund Contribution

☐

Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

YEHEZKEL, SHIMON
C/O PORT ST. LUCIE PROPERTIES, INC.
482 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

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 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 agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when reappointing)

DATE
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 1107, Florida Statutes; and that my name appears on an attachment with an address, which is other like empowered.