

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **217508** (1)

1. Corporation Name

MELBOURNE SHOPPING CENTERS, INC.

Principal Place of Business

**P O BOX 407
1936 NEW TAMPA HWY.
LAKELAND FL 33801-3760**

Mailing Address

**P O BOX 407
1936 NEW TAMPA HWY.
LAKELAND FL 33801-3760**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BILLUPS S KEITH
1936 GEORGE JENKINS BLVD
LAKELAND FL 33801**

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 607.0602 and 607.1501, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office or Agent

Signature of Agent for Change of Registered Office or Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	☐ DELETE
NAME	BILLUPS, S K	
STREET ADDRESS	3202 CARLTON CIRCLE W.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	V	☐ DELETE
NAME	KARCHER, TONYA	
STREET ADDRESS	2248 MALACHITE DR	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	P	☐ DELETE
NAME	CURRY, WILLIAM R	
STREET ADDRESS	440 HOWARD AVE.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	T	☐ DELETE
NAME	WEATHERS, MARVIN	
STREET ADDRESS	1903 VISTA VIEW DR	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

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(6)(k), 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 attached list with an address.

SIGNATURE:

S. Keith Billups
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Keith Billups

3/29/96

(941) 688-1188

CR2E034 (12/95)