

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **217508** (1)

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

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>P O BOX 407<br/>1936 NEW TAMPA HWY.<br/>LAKELAND FL 33801-3760</b> | Mailing Address<br><b>P O BOX 407<br/>1936 NEW TAMPA HWY.<br/>LAKELAND FL 33801-3760</b> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                                                              |  |                                                                                                                                                                 |  |                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                          |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                        |  | 3. Date Incorporated or Qualified<br><b>11/24/1958</b>                                                                                                  |  |
| 4. FEI Number<br><b>59-6066186</b>                                                                                           |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                          |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                         |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>        |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                                                         |  |
| 9. Name and Address of Current Registered Agent<br><b>BILLUPS S KEITH<br/>1936 GEORGE JENKINS BLVD<br/>LAKELAND FL 33801</b> |  |                                                                                                                                                                 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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, 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                      | <b>S</b> <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BILLIUPS, S K</b>                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>3202 CARLTON CIRCLE W.</b>            | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                       | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARCHER, TONYA</b>                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2248 MALACHITE DR</b>                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                       | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FRAZIER, JOHN</b>                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>5827 COVEVIEW DRIVE W</b>             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                       | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEATHERS, MARVIN</b>                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1903 VISTA VIEW DR</b>                | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                       | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 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)(l), 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:

*S. Keith Billups*

3-16-98

(941) 688-1188

CR2E034 (10/97)