FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **416604** **(7)**

1. Corporation Name
PALM COAST SHOPPING CENTER INC

400001473034
-05/03/95--01061--002
***4050.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151	EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151

3. Date Incorporated or Qualified: **01/15/1973**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **13-2809353** ☐ Applied For ☐ Not Applicable

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. The corporation has/has not elected to be taxed under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if a corporation) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~ARMOUR~~ Armour	11 TITLE		☒ Change ☐ Addition
NAME	~~ARMOUR, WILLIAM~~	12 NAME	Armour, William	
STREET ADDRESS	EXECUTIVE OFFICES	13 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BUTLER, SAMUEL, JR.	22 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, CORPORATE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP		
TITLE	~~DV~~ V	31 TITLE	VD	☒ Change ☐ Addition
NAME	GARDNER, JAMES E.	32 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	CUFF, ROBERT G., JR.	42 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	BRAUNSTEIN, RICHARD	52 NAME		
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	53 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	54 CITY ST ZIP		
TITLE	AS	61 TITLE	SR511	☐ Change ☐ Addition
NAME	POWERS, RICHARD	62 NAME		
STREET ADDRESS	1330 AVE. OF THE AMERICA	63 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	64 CITY ST ZIP		

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(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 7 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ ROBERT G. CUFF, JR. 4/26/95 914 445 3077
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0012002 CP