

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **570702** (1)

1. Corporation Name
BOULEVARD SHOPS OF FLORIDA, INC.

Principal Place of Business
**1910-R SOUTH DALE MABRY
TAMPA FL 33629**

Mailing Address
**1910-R SOUTH DALE MABRY
TAMPA FL 33629-5817**



2. Principal Place of Business 21 100 Indian Rocks Rd. N. Suite Apt. # etc.		2a. Mailing Address 26 100 Indian Rocks Rd N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/01/1978	3a. Date of Last Report 04/16/1996
22 City & State 23 Belleair Bluffs, Florida Zip Country		27 City & State 28 Belleair Bluffs, FL. Zip Country		4. FEI Number 59-1847032	Applied For <input type="checkbox"/> Not Applicable
24 33770		25 Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 33770		30 Pinellas		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent NIXON, JARY C 25 DAVIS BLVD TAMPA FL 33606				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KANTOR, ANNE ECHELMAN	1.2 NAME	
STREET ADDRESS	576 W DAVIS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VMST	2.1 TITLE	
NAME	KANTOR, BERNARD	2.2 NAME	
STREET ADDRESS	576 W. DAVIS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 registered agent or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14, or in an amendment with an address.

SIGNATURE: **Anne Kantor** **Bernard Kantor** **4-7-97 (913) 582-9913**

CR2E034 (9/96)