

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 609564

(0)

1. Corporation Name

S & S SHOPPING CENTER, INC.



Principal Place of Business

% HOWARD SCHWARTZ  
9801 WEATHERVANE MANOR  
PLANTATION FL 33324

Mailing Address

% HOWARD SCHWARTZ  
9801 WEATHERVANE MANOR  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
02/12/1979

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-1901835

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☒ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, HOWARD  
9801 WEATHERVANE MANOR  
PLANTATION FL 33324

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 types or prints name of registered agent in the space provided. (If the registered agent is a corporation, the signature of the authorized officer is required.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | D SCHWARTZ, HOWARD              |
| STREET ADDRESS | 9801 WEATHERVANE                |
| CITY, ST, ZIP  | PLANTATION FL 33324             |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |                                                                   |
| 13. STREET ADDRESS |                                                                   |
| 14. CITY, ST, ZIP  |                                                                   |
| 2. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. CITY, ST, ZIP  |                                                                   |
| 3. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |                                                                   |
| 33. STREET ADDRESS |                                                                   |
| 34. CITY, ST, ZIP  |                                                                   |
| 4. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |                                                                   |
| 43. STREET ADDRESS |                                                                   |
| 44. CITY, ST, ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |                                                                   |
| 53. STREET ADDRESS |                                                                   |
| 54. CITY, ST, ZIP  |                                                                   |
| 6. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |                                                                   |
| 63. STREET ADDRESS |                                                                   |
| 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)(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 attachment with an address.

SIGNATURE: *Howard Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12-96 305-942-5305  
Date Date/Time Filed

CR2E034 (12/95)