

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90145 012 ***150.00

DOCUMENT # 824816

1. Corporation Name
GENERAL SHOPPING CENTERS, INC.



Principal Place of Business

901 EAST BOULEVARD
CHARLOTTE NC 28203-5203

Mailing Address

901 EAST BOULEVARD
CHARLOTTE NC 28203-5203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1970

4. FEI Number

56-0945018

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

PENSON, ALBERT C
701 EAST TENNESSEE STREET
TALLAHASSEE FL 32303

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEISELMAN, IRA S	
STREET ADDRESS	513 S. TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LLOYD, PAUL E	
STREET ADDRESS	513 S. TRYON STREET	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROYSTER, GEORGE A JR.	
STREET ADDRESS	513 S. TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSTON, L. A	
STREET ADDRESS	513 S. TRYON ST.	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LLOYD, PAUL E	
STREET ADDRESS	513 S. TRYON ST	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George Royster
2.3 STREET ADDRESS	901 East Blvd
2.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James I. Stewart
3.3 STREET ADDRESS	901 East Blvd
3.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	George Royster
5.3 STREET ADDRESS	901 East Blvd
5.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Paul E. Lloyd
6.3 STREET ADDRESS	901 East Blvd
6.4 CITY-STATE-ZIP	Charlotte, NC 28203-5203

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 12 or Block 13 if changed or on an attachment with an address, with a different like empowered.

SIGNATURE: *George A. Royster, Treasurer*

4-23-99

Date

704-377-3495

Daytime Phone #

CR2E034 (1/98)