FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95279** **(8)**

1. Corporation Name

SCC SHOPPING CENTER CONSULTING, INC.

Principal Place of Business	Mailing Address
515 E. LAS OLAS BLVD. SUITE 950 FT LAUDERDALE FL 33301	515 E. LAS OLAS BLVD. SUITE 950 FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: **08/05/1982**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21 **700 S.E. Third Avenue**
Suite, Apt. #, etc.
22 **Third Floor**
City & State
23 **Ft. Lauderdale, FL 33316**
Zip 24 Country 25

2a. Mailing Address
26 **700 S.E. Third Avenue**
Suite, Apt. #, etc.
27 **Third Floor**
City & State
28 **Ft. Lauderdale, FL 33316**
Zip 29 Country 30

4. FEI Number: **59-2292571** ☐ 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

9. Name and Address of Current Registered Agent

WEISS, MICHAEL N., ESQ.
44 WEST FLAGLER STREET, SUITE 200
MIAMI FL 33130

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: DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	**DP** ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	**FUHRMANN, PETER**	1.2 NAME	
STREET ADDRESS	**515 E. LAS OLAS BLVD., #950**	1.3 STREET ADDRESS	700 S.E. Third Avenue, Third Floor
CITY-ST-ZIP	**FT. LAUDERDALE FL**	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TYPE	**VS** ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	**STERNLIEB, HERBERT H.**	2.2 NAME	
STREET ADDRESS	**3000 S. COURSE DRIVE, #502**	2.3 STREET ADDRESS	13221 Saint Tropez Circle
CITY-ST-ZIP	**POMPANO BEACH FL**	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TYPE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I/We hereby certify that the information supplied with this filing is true. Filing is voluntary, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert H. Sternlieb* Herbert H. Sternlieb 7/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE