

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90102 023 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000001521**

1. Corporation Name  
**441 SHOPPING CENTER CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 % RUTHERFORD, MULHALL & WARGO, PA      242 EAST 51ST ST.  
 2600 N MILITARY TR., 4TH FL.      NEW YORK NY 10022  
 BOCA RATON FL 33431

3. Date Incorporated or Qualified  
**03/17/1998**

4. FEI Number      Applied For  
**APPLIED FOR 65-0820583**      Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$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      2a. Mailing Address

21      26

22      27

23      28

24      25      29      30

9. Name and Address of Current Registered Agent  
**COHEN, SETH I**  
**2600 N MILITARY TR., 4TH FL.**  
**BOCA RATON FL 33431**

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	DP	<input type="checkbox"/> DELETE
NAME	OESTREICH, MELVYN R	
STREET ADDRESS	120 E. 56TH ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOODSTEIN, STEVEN R	
STREET ADDRESS	242 E. 51ST ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BROZMAN, SHEP	
STREET ADDRESS	820 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LASALA, THOMAS E	
STREET ADDRESS	66 PALMER AVE.	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**      Date      Daytime Phone #

CR2E034-(1/198)