

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 # H20895 (9)

1. Corporation Name

SOUTHERN CENTERS, INC.

Principal Place of Business

**10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

Mailing Address

**10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

3. Date Incorporated or Qualified
09/13/1984

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

4. FEI Number

59-2447611

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

2. Principal Place of Business

21 **10323 SOUTHERN BOULEVARD**

2a. Mailing Address

26 **10323 SOUTHERN BOULEVARD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **ROYAL PALM BEACH, FL**

City & State

28 **ROYAL PALM BEACH, FL**

Zip

24 **33411**

Country

25 **USA**

Zip

29 **33411**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MILLER, MYRON
10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

10. Name and Address of New Registered Agent

81 Name

PATRICIA BALCH

82 Street Address (P.O. Box Number is Not Acceptable)

10323 SOUTHERN BOULEVARD

83

84 City

ROYAL PALM BEACH FL

85 Zip Code

33411

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 firm, if applicable

Patricia Balch

4/25/96

DATE

(NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MILLER, MYRON**
CITY-ST-ZIP **10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **AUSTIN, CHRISTOPHER**
CITY-ST-ZIP **10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

TITLE ☒ DELETE
NAME **ST**
STREET ADDRESS **ABLE, DIANE**
CITY-ST-ZIP **10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **ST**
3.3 STREET ADDRESS **BALCH, PATRICIA**
3.4 CITY-ST-ZIP **10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Balch

4/25/96

DATE

(407) 790-1414

Daytime Phone #

CR2E034 (12/95)