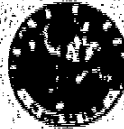


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 14 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # JO1575 (6)

1. Corporation Name

MALL PROMENADE, INC.

Principal Place of Business

% CHARLES N. PARISI  
50 BEACH ROAD APT. 201  
TEQUESTA FL 33469-3533

Mailing Address

% CHARLES N. PARISI  
50 BEACH ROAD APT. 201  
TEQUESTA FL 33469-3533

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1986

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number

59-2659049

Applied For

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARBATO, GENE R.  
1280 N. LAKE WAY  
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81 Name

HENRY Y. BLAKISTON

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

HAAS Building Suite # 600

83

1001 U.S. Highway One

84 City

Jupiter

FL

Zip Code  
33477

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

HENRY Y. BLAKISTON

(NOTE: Registered Agent Signature required when reappointing)

DATE

4/10/95

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

PARISI, CHARLES N., SR.

STREET ADDRESS

50 BEACH RD #201

CITY - ST - ZIP

TEQUESTA FL

TITLE

D

NAME

PARISI, ANNE E.

STREET ADDRESS

50 BEACH RD #201

CITY - ST - ZIP

TEQUESTA FL

TITLE

D

NAME

PARISI, CHARLES N., JR.

STREET ADDRESS

50 BEACH RD #201

CITY - ST - ZIP

TEQUESTA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 110.07(3)(b), 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:

Charles N. Parisi Sr. Charles N. Parisi Sr.

4/10/95

(407)-7446027