FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K35695 (1)

1. Corporation Name
TURKEY LAKE SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
% DAVID J. WIENER, ESQ. 1400 CENTREPARK BLVD. SUITE 1000 W PALM BEACH FL 33401	2851 JOHN ST STE ONE MARKHAM ON L3R 5-7 US

3. Date Incorporated or Qualified: 09/30/1988
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21 2401 PGA Blvd.
22 Suite, Apt. #, etc.: 168
23 City & State: Palm Beach Gardens, FL
24 Zip: 33410 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip: L3R 5R7 30 Country: Canada

4. FEI Number: 98-0098605 ☐ 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
WIENER, DAVID J.
1400 CENTREPARK BLVD. SUITE 1000
WEST PALM BEACH FL 33401

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
NAME	PRESTON, JOHN W. S.
STREET ADDRESS	2851 JOHN ST., SUITE 1
CITY-ST-ZIP	MARKHAM, ONTARIO, CN
TITLE	DV
NAME	COHEN, PETER F.
STREET ADDRESS	2851 JOHN ST., SUITE 1
CITY-ST-ZIP	MARKHAM, ONTARIO, CN
TITLE	D
NAME	DIAMOND, A, EPHRAIM
STREET ADDRESS	2851 JOHN ST., SUITE 1
CITY-ST-ZIP	MARKHAM, ONTARIO, CN
TITLE	S
NAME	GREEN, ROBERT S.
STREET ADDRESS	2851 JOHN ST, STE 1
CITY-ST-ZIP	MARKHAM, ONTARIO, CN
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 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: ______ Apr. 11/95 (905) 477-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Robert S. Green