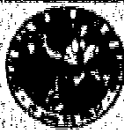


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01058

(1)

1. Corporation Name

WEST HILLS SHOPPING CENTER, INC.

Principal Place of Business

% JAYNE B. REGISTER
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH FL 33401

Mailing Address

2851 JOHN STREET
SUITE ONE
MARKHAM ON L3R 5-7
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1989

3a. Date of Last Report

02/28/1994

4. FEI Number

NOT APPLICABLE

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 2401 PGA Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

168

27 Suite, Apt. #, etc.

23 City & State

Palm Beach Gardens, FL

28 City & State

24 Zip

33410

25 Country

USA

29 Zip

L3R 5R7

30 Country

CANADA

9. Name and Address of Current Registered Agent

REGISTER, JAYNE B.
% LEVY, KNEEN, BOYES, WIENER, GOLDSTEIN
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 607.1608, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PRESTON, JOHN W.S.
STREET ADDRESS 2851 JOHN ST., SUITE 1
CITY-ST-ZIP MARKHAM, ONT. CAN.

TITLE DV
NAME COHEN, PETER F.
STREET ADDRESS 2851 JOHN ST., SUITE 1
CITY-ST-ZIP MARKHAM, ONT. CAN.

TITLE D
NAME DIAMOND, A. EPHRAIM
STREET ADDRESS 2851 JOHN ST., SUITE 1
CITY-ST-ZIP MARKHAM, ONT. CAN.

TITLE S
NAME GREEN, ROBERT S.
STREET ADDRESS 2851 JOHN ST., SUITE 1
CITY-ST-ZIP MARKHAM, ONT. CANADA

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 filing and 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

Robert S. Green

Apr. 11/95

Date

(905) 477-9200

Daytime Phone #