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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

**DOCUMENT # L01058**

1. Corporation Name

WEST HILLS SHOPPING CENTER, INC.

Principal Place of Business / Mailing Address

2401 PGA Blvd.
Suite 168
Palm Beach Gardens, FL 33410

3. Date Incorporated or Qualified: 7/10/89
3a. Date of Last Report: 2/29/96

2. Principal Place of Business
21 2401 PGA Blvd.
Suite, Apt. #, etc.: 22 Suite 280
City & State: 23 Palm Beach Gardens, FL
Zip: 24 33410 Country: 25 Palm Beach

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 280
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0137718 ☐ 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

JAYNE REGESTER BARKDULL, ESQUIRE
LEVY, KNEEN, MARIANI, CURTIN,
WIENER, KORNFELD & DEL RUSSO, P.A.
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] 4/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | PRESTON, JOHN W.S. | 1.2 NAME | |
| STREET ADDRESS | 2851 John Street, Suite One | 1.3 STREET ADDRESS | 2401 PGA Blvd., Suite 280 |
| CITY-ST-ZIP | Markham, Ontario, Canada L3R 5R7 | 1.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33410 |
| TITLE | DV ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | COHEN, PETER F. | 2.2 NAME | |
| STREET ADDRESS | 2851 John Street, Suite One | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Markham, Ontario, Canada L3R 5R7 | 2.4 CITY-ST-ZIP | |
| TITLE | S ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | GREEN, ROBERT S. | 3.2 NAME | |
| STREET ADDRESS | 2851 John Street, Suite One | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Markham, Ontario, Canada L3R 5R7 | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | 400002177144 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -05/13/97--01091--009 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***165.00 |

RW 5-6-97

CR2E034 (9/96)

14. I do 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, or on an attachment with an address.

**SIGNATURE:** [signature] Robert S. Green April 15, 1997 (905) 477-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #