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 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L40156** **(6)**

1. Corporation Name
BOYNTON PLAZA SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
1400 CENTREPARK BLVD. SUITE 1000 WEST PALM BEACH FL 33401	2851 JOHN ST STE ONE MARKHAM ON L3A 5-7 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1990
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: 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

9. Name and Address of Current Registered Agent

WIENER, DAVID J.
C/O LEVY, KNEEN, BOYES, WIENER, ET AL
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, JOHN W.S.	1.2 NAME	
STREET ADDRESS	% 2851 JOHN ST. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT. CAN	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, PETER F.	2.2 NAME	
STREET ADDRESS	% 2851 JOHN ST. #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT. CAN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, A. EPHRAIM	3.2 NAME	
STREET ADDRESS	% 2851 JOHN ST. #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT. CAN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, ROBERT	4.2 NAME	
STREET ADDRESS	% 2851 JOHN ST. #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT. CAN	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☒ Change ☐ Addition
NAME	BARRY, MARK W.	5.2 NAME	Resigned
STREET ADDRESS	% 2851 JOHN ST. #1	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARKHAM, ONT. CAN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Robert S. Green Apr. 11/95 (905)477-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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