## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 440156

BOYNTON PLAZA SHOPPING CENTER, INC.

**FILED** May 13, 1999 8:00 am Secretary of State

05-13-1999 90039 049 \*\*\*150.00

| Principal Plac  | e of Business  | Mailing Address   |                        |                              |                   |   |                        |                               |
|---|--|---|------------------------|------------------------------|-------------------|---|------------------------|-------------------------------|
| 2401 PGA Boulevard 2401 PGA Boulev  |  |   |                        | l                            |                   |   |                        |                               |
| Suite 280 Suite 280   |  |   |                        |                              |                   | DO NOT WRITE IN TI                              | HE CHACE               |                               |
| Palm Beach Gardens, FL 33410 Palm Beach Gard  |  |   |                        | 3,                           | FL 3341           | 3. Date Incorporated or Qualifed                |                        |                               |
|   | ,  |   |                        | •                            |                   | 01/13/90  |                        |                               |
| Principal Place of Business     2a. Mailing Address   |  |   |                        |                              |                   | 4 FELNumber                                     |                        | Applied For                   |
|   | lace of business   | ├─ <b>┐</b> ॅ   |                        |                              |                   | _65-017225+ 65-01                               | 7711 <del>7  </del>    | Applied For<br>Not Applicable |
| 21  |  |   |                        |                              |                   |   |                        | 5 Additional                  |
| 22 27   |  |   |                        |                              |                   | 5. Certifcate of Status Desired                 |                        | Required                      |
| City & State City & State   |  |   |                        |                              |                   | 6. Election Campaign Financing                  | \$5.0                  | 0 May Be                      |
| 23 28   |  |   |                        |                              |                   | Trust Fund Contribution                         |                        | ed to Fees                    |
| Zip   | Country  | Zip Cour  |                        |                              |                   | 8. This corporation owes the current year       | <br>Intangib <b>je</b> |                               |
| 24  | 25 29 30   |   |                        |                              |                   | Personal Property Tax.                          | (I) Yes                | □No                           |
|   | 9. Name and Address of Current R   | egistered Agent   |                        |                              |                   | 10. Name and Address of New Register            | ed Agent               |                               |
| D.1   | T LITENED EGO  |   |                        | 81                           | Name              |   |                        |                               |
| DAVID J. WIENER, ESQ.   |  |   |                        | 82                           | Street Addr       | ress (P.O. Box Number is Not Acceptable)        |                        |                               |
| 1   | PGA BOULEVARD  |   | į                      | "                            | Oli eel Addi      | ess (1.0. box Admisor is Not Acceptable)        |                        |                               |
| SUITE 280   |  |   | ļ                      | 83                           |                   |   | _                      |                               |
| PALM  | BEACH GARDENS, FL 334  | 410   | i                      | 0.4                          | 0:1               |   | 05 7                   | ip Code                       |
|   | $/ \setminus \setminus$  |   |                        | 84                           | City              | F   | <b>EL</b>  85   Zi     | p Code                        |
| 11. Pursuant to the povisions 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. I am familiar with land affect the obligations of, Section 607.0505, Florida Statutes. |  |   |                        |                              |                   |   |                        |                               |
| office or r   | egistered agent or both, in the State of I<br>m familiar with land accept the obligation | Florida. Such change was au<br>ns of. Section 607.0505. Flori | ithorized<br>ida Statu | by tutes.                    | he corporation    | on's board of directors. I hereby accept the ap | ointment as            | registered                    |
| SIGNATURE   | TI NXI   | ,   |                        |                              |                   | 4-28  | -99                    |                               |
| SIGNATURE   | Day June Lambert Basined Back  | batered. Agention   | Registered             | Agent                        | signature require | d when reinstating) DATE                        |                        |                               |
| 12.   | OFFICERS AND I   |   | 13.                    |                              |                   | ADDITIONS/CHANGES TO OFFICERS                   | _                      |                               |
| TITLE *   | D/P  | ☐ DELETE  | 1,1 TIT                | LE                           |                   |   | Chang                  | ge                            |
| NAME  | Preston, John W.S.   |   | 1.2 NAME               |                              |                   |   |                        |                               |
| STREET ADDRESS  | 2401 PGA Boulevard, Suite 280  |   | 1.3 ST                 | REET.                        | ADDRESS           |   |                        |                               |
| CITY-ST-ZIP   | LLALM-DEACH CALUEIDS   |   | 1.4 CIT                |                              | - ZIP             |   |                        |                               |
| TITLE   | D/V/AS   |   | 2.1 TIT                | 2.1 TITLE                    |                   |   | Chang                  | ge                            |
| NAME  |  |   | 2.2 NA                 | ME                           | - 1               |   |                        |                               |
| STREET ADDRESS  |  |   | 2.3 ST                 | REET                         | ADDRESS           |   |                        |                               |
| CITY-ST-ZIP   | Palm Beach Cardens, FL 33410   |   | 2. 4 CI                |                              | r-ZIP             |   |                        |                               |
| TITLE   | VP/S/T   |   | 3.1 TIT                | 3.1 TITLE                    |                   |   | ☐ Chang                | je 🗌 Addition                 |
| NAME  | Green, Robert S.   |   | 3.2 NA                 | 3.2 NAME                     |                   |   |                        |                               |
| STREET ADDRESS  | DRESS 2401 PGA Boulevard, Suite 280  |   | 3.3 STI                | 3.3 STREET ADDRESS           |                   |   |                        |                               |
| CITY-ST-ZIP   | Palm Beach Gardens, FL 33410   |   | 3.4. CF                |                              | -ZIP              |   |                        |                               |
| TITLE   | D  | ☐ DELETE  | 4 1 TIT                |                              | 1                 |   | ☐ Chang                | ge Addition                   |
| NAME  | Cohen, Peter   |   | 4.2 NA                 | AME                          |                   |   |                        |                               |
| STREET ADDRESS  |  |   | 43 STI                 | 4 3 STREET ADDRESS           |                   |   |                        |                               |
| CITY-ST-ZIP   | Toronto, Ontario M4V 3Al Ganada  |   | -                      | 4.4 CITY-ST-ZIP              |                   |   |                        |                               |
| TITLE   | DELETE   |   |                        | 5.1 TITLE                    |                   |   | Chang                  | ge                            |
| NAME  |  |   | 5.2 NA                 |                              |                   |   |                        |                               |
| STREET ADDRESS  |  |   |                        |                              | ADDRESS           |   |                        |                               |
| CITY-ST-ZIP   |  |   |                        | 5.4 CITY-ST-ZIP<br>6.1 TITLE |                   |   |                        |                               |
| TITLE   |  | ☐ DELETE  |                        |                              | \                 | •   | ☐ Chang                | je 🗌 Addition                 |
| NAME  |  |   | 6.2 NA                 |                              |                   |   |                        |                               |
| STREET ADDRESS  |  |   |                        |                              | ADDRESS           |   |                        |                               |
|   |  |   |                        | TO V                         |                   |   |                        |                               |

14. I 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

By GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Bernick, Vice President

za Shopping Center, Inc.

4-28-99

561-624-9500

Daytime Phone #