

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 08 1996 8:00 am
 Secretary of State

DOCUMENT # L54699 (8)
 1. Corporation Name
COLONIAL SQUARE SHOPPING CENTER INC.



Principal Place of Business Mailing Address
12940 CHERRYDALE CT. FT. MYERS FL 33919 **PO BOX 07478 FT MYERS FL 33919**

3. Date Incorporated or Qualified **03/01/1990** 3a. Date of Last Report **07/24/1995**

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt #, etc 26. Suite, Apt #, etc
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

4. FEI Number **65-0178448** 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
O'REILLY, LAWRENCE
15415 PINE RIDGE RD
FT. MYERS FL 33919

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	DV O'REILLY, LAWRENCE P. 15415 PINE RIDGE RD FT MYERS FL 33919	1.1 TITLE	
	DP O'REILLY, SHAWN 9641 HALYARDS CT FT MYERS FL 33919	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **7-29-96** TIME: **941-481-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)