

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90041 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L54699

1. Corporation Name
COLONIAL SQUARE SHOPPING CENTER INC.



Principal Place of Business 12940 CHERRYDALE CT. FT. MYERS FL 33919	Mailing Address PO BOX 07478 FT MYERS FL 33919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1620 Medical Lane	26 P.O. Box 07478			03/01/1990	
22 Suite, Apt. #, etc. Suite 148		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State Fort Myers FL		28 City & State Fort Myers FL		65-0178448	
24 Zip 33919		29 Zip 33919		5. Certificate of Status Desired - <input type="checkbox"/>	
25 Country USA		30 Country USA		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'REILLY, LAWRENCE 15415 PINE RIDGE RD FT. MYERS FL 33919				81 Name	O'Reilly, Lawrence P.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1620 Medical Ln		
				83			
				84 City	Fort Myers	85 Zip Code	FL

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	DV	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'REILLY, LAWRENCE P.			1.2 NAME	Eileen O'Reilly		
STREET ADDRESS	15415 PINE RIDGE RD			1.3 STREET ADDRESS	1620 Medical Ln		
CITY-ST-ZIP	FT MYERS FL 33919			1.4 CITY-ST-ZIP	Fort Myers, FL 33907		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'REILLY, SHAWN			2.2 NAME	O'Reilly, Lawrence P.		
STREET ADDRESS	9641 HALYARDS CT			2.3 STREET ADDRESS	1620 Medical Ln		
CITY-ST-ZIP	FT MYERS FL 33919			2.4 CITY-ST-ZIP	Fort Myers, FL 33907		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (941) 939-5400
 Daytime Phone #

CR2E034 (11/98)