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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L63014

(9)

STIRLING PLAZA SHOPPING CENTER, INC.

Mailing Address Principal Place of Business C/O THEODORE S. KONOVER 9022 N.E. 2ND AVE., SUITES #1 & #2 C/O THEODORE S. KONOVER 9622 N.E. 2ND AVE., SUITES #1 & #2 MIAMI SHORES FL 33138-2347 MIAMI SHORES FL 23138 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1990 05/01/1996 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 65-0110296 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🗌 No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KONOVER, THEODORE S. 9822 NE 2ND AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **STES 1&2** MIAMI SHORES FL 33138 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent Signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change Addition TITLE 1.1 THE KONOVER, THEODORE S. NAME 1.2 NAME 9822 NE 2ND AVE STES 1&2 STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP DITEIF Change Addition TITLE 2.1 TO LE KONOVER, HENRY B. NAME 2.2 NAME 9822 NE 2ND AVE STES 1&2 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI SHORES FL** CITY-ST-ZIP 2. 4 City - St - ZiP DELETE Change Addition TITI F 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. DiTY-ST-ZIP DELFTE Change Addition 4.1 THLE TITLE NAME 4 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5 1 141CF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 copyration 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 12 changed, or on an attriction with an address

6.4 CHY - ST - ZIP