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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66158

(1)

SANFORD SHOPPING CENTER, INC.

Principal Place 2805 CARRIER SANFORD FL		Mailing Address 2605 CARRIER AVENUE SANFORD FL 32773-8361 US	2905 CARRIER AVENUE SANFORD FL 32773-9381			e stakten and dinn than elder must tam didit biek dildit diek didit diek bibu dasi		
••						3. Date Incorporated or Qualified		
	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number		Applied For
21		26	<u> </u>			59-3004021 Not Applicable		
Suite, Apt.	. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi		
City & Stat	le	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zφ	Country	Zip	Cour	ntry			has liability for intangible tax under s. 199.032,	
24	9 Name and Address of Curre	25 29 30 9. Name and Address of Current Registered Agent		Florida Statutes 10. Name and Address of New Rec		Yes No		
eb/		aur Hadistalan waaiit		81	Name	10. Maille dire Accides of them ins	Bisrolan vilour	<u> </u>
	Olski, kevin J. 15 Carrier Avenue		}	70		(D.O. Day Alisabas in New Assemble)	. 1 - 1	
	NFORD FL 32773		ľ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
-	11 416 1 - 5277 -			63				
			ŀ	84	City		[85 Zip	Code
			_			poration submits this statement for the p	FL	,
SIGNATURE		agent and this it applicable (NC ND DIRECTORS				ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	PRS IN 12
THE	PST 🔘		1.1 717	LE			Change	Addition
NAME	SPOLSKI, KEVIN J.		1.2 NA	ME				
STREET ADDRESS			- 1		ADDRESS			
CITY - S1 - ZIP TITLE	SANFORD FL	DELETE	1.4 CIT 2.1 TIT		1-21P		Change	Addition
NAME	SPOLSKI, KEVIN J	□ orreit	2.2 NAME		}		La Orango	L.J Fidomon
STREET ADDRESS	AAAT ALBRITTA ALTERIT		2.3 STREE		ADDRESS			
Cilif ST 7IP	SANFORD FL		2. 4 CITY-ST-ZIP					
TITLE			3.1 TITLE			Change	Addition	
NAME			3.2 NA	ME	1			
STREET ADDRESS			3 3 STF	REEY A	ADDRESS			
C(TY - \$1 - 7)*	T belief			TY-51	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	L] DELETE			4.1 TITLE 4.2 NAME			L.J Ulkingo	Addition
NAME STREET ADDRESS					ADDRESS			
CHY-SI-ZIP			4.4 CIT					
TITLE		DELETE	5.1 TIT		-1"		Change	Addition
NAME			5.2 NA	ME	1			
STREET ADORESS			5.3 STI	REET /	ADDRESS			
(311Y+\$1-20F			5.4 CIT	ry-st	T- ZIP			
TUTLE	DELETE		1	6.1 TITLE			Change	Addition
NAME			62 NA	ME				
STREET ADDRESS			6.3 ST	REET A	ADDRESS			
011 y - \$1 - 70P	has a sail for the total the information are all	and with this tile and and an	6.4 CIT			in Coation 110 07(2\(i)) Elevido Statuto	a I further portify the	
informati Lam an d	on indicated on this annual report of officer or director of the corporation	r supplemental armual report is or the receipt of trustae proper	true and a pwered to e	Keci	rate and that ute this repor	d in Section 119.07(3)(i), Fiorida Statute I my signature shall have the same lega It as required by Chapter 607, Florida S	al effect as if made u Statutes; and that my	inder oath; that name

FILED

Apr 29 1997 8:00am

Secretary of State