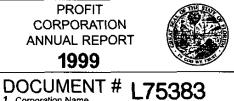
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90035 044 \*\*\*150.00

BOULEVARD SHOPPES II & III, INC. Mailing Address Principal Place of Business 11811 NORTH FREEWAY 11811 NORTH FREEWAY SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE HOUSTON TX 77060 HOUSTON TX 77060 3. Date Incorporated or Qualifed 05/24/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3021915 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country This corporation owes the current year Intangible 30 29 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEYER, DAVID A 82 Street Address (P.O. Box Number is Not Acceptable) % RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 83 **TAMPA FL 33602** Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE RUSCA, FAUSTO 1.2 NAME NAME 1.3 STREET ADDRESS VIA C.B. PIODA 14 STREET ADDRESS CH-6900 LUGANO, SWIT 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE HATFIELD, KEN 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 11811 NORTH FREEWAY 300 HOUSTON TX 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME TOMBARI, MICHAEL G. NAME 3.3 STREET ADDRESS STREET ADDRESS 11811 NORTH FREEWAY 300 **HOUSTON TX** 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE Change 4.1 TITLE MLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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:

CITY-ST-ZIP

TOMBARI

281/820-0747

CR2E034 (11/98)