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May 03, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M36005

1. Corporation Name

NORTHWOOD SHOPPING CENTER, INC.

Principal Place of Business

% NORMAN S. ROSEN
215 S.W. LEJEUNE ROAD
MIAMI FL 33134-1799

Mailing Address

% NORMAN S. ROSEN
215 S.W. LEJEUNE ROAD
MIAMI FL 33134-1799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1986

4. FEI Number

59-2707825

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2333 Brickell Avenue

2a. Mailing Address

26 2333 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D-1

27 Suite D-1

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip Country

Zip Country

24 33129 25 USA

29 33129 30 USA

9. Name and Address of Current Registered Agent

DAVID, MARYANN Y
215 S.W. LEJEUNE ROAD
MIAMI FL 33134-1799

10. Name and Address of New Registered Agent

81 Name

David, MaryAnn Y

82 Street Address (P.O. Box Number is Not Acceptable)

2333 Brickell Avenue

83

Suite D-1

84 City

Miami, Florida

FL

85 Zip Code

33129

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME ROSEN, NORMAN S.
STREET ADDRESS 215 S.W. LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME ROSEN, CLIFFORD
STREET ADDRESS 215 S.W. LEJEUNE RD.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

STD ☐ Change ☐ Addition

1.2 NAME

Rosen, Norman S.

1.3 STREET ADDRESS

2333 Brickell Avenue Suite D-1

1.4 CITY-ST-ZIP

Miami, Florida 33129 USA

2.1 TITLE

PD ☐ Change ☐ Addition

2.2 NAME

Rosen, Clifford

2.3 STREET ADDRESS

2333 Brickell Avenue Suite D-1

2.4 CITY-ST-ZIP

Miami, Florida 33129 USA

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman S. Rosen 4-13-99

305-859-4900

Date

Daytime Phone #

CR2E034 (1/98)