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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16055 (8)
1. Corporation Name
SHOPPING CENTERS POLITICAL ACTION COMMITTEE, INC



Principal Place of Business
**311 E PARK AVENUE
TALLAHASSEE FL 32301-7736**

Mailing Address
**311 E PARK AVENUE
TALLAHASSEE FL 32301-1513**

3. Date Incorporated or Qualified
07/25/1986

3a. Date of Last Report
08/07/1996

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2781238		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LECKY, JAMES		1.2 NAME Julie Myers	
STREET ADDRESS 311 E. PARK AVENUE		1.3 STREET ADDRESS 311 East Park Ave.	
CITY-ST-ZIP TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP Tallahassee, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME BRANDON, STEPHEN		2.2 NAME	
STREET ADDRESS 311 E. PARK STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVERA OSCAR		3.2 NAME	
STREET ADDRESS 311 E. PARK AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, CHUCK		4.2 NAME	
STREET ADDRESS 311 E PARK AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP	
TITLE SEC	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KESSEL, GREGORY		5.2 NAME	
STREET ADDRESS 311 E. PARK AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY, SUE		6.2 NAME	
STREET ADDRESS 311 E. PARK AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		6.4 CITY-ST-ZIP	

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julie Myers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97
Date

Daytime Phone # 0007176

CR2E037 (9/96)