FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000009614 (8)** pw 689

1. Corporation Name
OCEAN EAST MALL, INC.

Principal Place of Business	Mailing Address
260 LONG RIDGE ROAD STAMFORD CT 06927	260 LONG RIDGE ROAD STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1992**
3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 GE CAPITAL CORPORATION
Suite, Apt. #, etc. 27 P.O. BOX 9552
City & State 28 FT. MYERS, FL 33906-9552
Attn: Shannon Williams
Zip / Country
29 / 30

4. FEI Number: **65-0384221** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	A/T	☐ Change ☒ Addition
NAME	SIWULEC, ANDREW P	12 NAME	Oscar Garza	
STREET ADDRESS	499 THORNALL ST	13 STREET ADDRESS	4211 Metro Parkway	
CITY ST ZIP	EDISON NJ 08837	14 CITY ST ZIP	Ft Myers, FL 33916	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	SASSAMAN, DENNIS	22 NAME		
STREET ADDRESS	499 THORNALL ST	23 STREET ADDRESS		
CITY ST ZIP	EDISON NJ 08837	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SCHIAVETTI, ALFRED J	32 NAME		
STREET ADDRESS	499 THORNALL ST	33 STREET ADDRESS		
CITY ST ZIP	EDISON NJ 08837	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	SPERGER, JOHN M	42 NAME		
STREET ADDRESS	499 THORNALL ST.	43 STREET ADDRESS		
CITY ST ZIP	EDISON NJ	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	KELLER, KAREN H	52 NAME		
STREET ADDRESS	499 THORNALL ST.	53 STREET ADDRESS		
CITY ST ZIP	EDISON NJ	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	SCHERER, BRADLEY A	62 NAME		
STREET ADDRESS	1601 BELVEDERE RD., #110E	63 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL 33401	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
ASSISTANT TREASURER
STATE TAXES
Date

0000447 CP