SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087692 (8)

SHOPPING CENTERS, ETC., INCORPORATED

Mailing Address

APPROVED FILES Pg.10/2

97 AUG -8 AM 10: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1060 W. SR 434 226 LONGWOOD FL \$2750		1060 W. SR 434 226						
CONGROOD	FL 9275U	LONGWOOD FL 32750				T WRITE IN T		
					 Date Incorporated or Quality 12/27/1993 	Jalified 3	 a. Date of Last R 10/01/1996 	
2. Principal P	lace of Bulliness	2a. Mailing Address	2001	June h. V	59-3129349		Ar	oplied For
21 / 25/	Munnia Her.	26	13710		59-3129349			ot Applicable
22 Suite, Apt.	#, Θ(C.	Suite, Aproli, etc.			5. Certificate of Status Des	sired 🔲	1 '	Additional equired
City & Stat	gwood FL	28 Longur	1 FL		Election Campaign Fina Trust Fund Contribution	ncing	,	May Be to Fees
24 Zip	Country 25	29 32750	Country		This corporation owes or Personal Property Tax d			tangible] No
	Name and Address of Current		10. Name and Address of New Registered Agent					
	NKHAUS, BARBARA		81 Nam	е				
1347 DUNHILL DR. LONGWOOD FL 32750			82 Stree	t Address	(P.O. Box Number is Not A	cceptable)		
			83					
			84 City	****			85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 108 Florida Statutes	the shove name	d cornore	tion submits this statement	for the purpo	FL 85 2.17	lo registered
office or r	to the provinons of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida Such change was au	thorized by the co	prporation	s board of directors. I heret	or the purpo	appointment as	registered
	The desired accept the obligation	10/5/1/ 30Ct)/1 007.0303, FI0II	ua siaiules.			0/4	1/97	
SIGNATURE	Sign ture, pyper or printed name of registered agen	and title if applicable (NOTE:	Registered Agent signat	ute required w	hen reinstating)	3/ 7/	ATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	O OFFICERS	AND DIRECTOR	RS IN 12
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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 cinual report or supplemental annual error 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 constration or the receiver of further 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.

CR2E034 (4/97

Shopping Centers, Etc.

August 4, 1997

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 Tallahassee, Florida 32314

ATTN: ANNUAL REPORT SECTION

To Whom it may concern,

Enclosed please find check #1030 in the amount of \$173.75 for the 1997 Annual Report filing fee and Certificate of Status. The original check #1031 in the amount of \$173.75 (\$165.00-filing fee and \$8.75-Certificate of Status) written and mailed on April 25, 1997 was lost in the mail. I spoke with Suzanne (at 904/488-9000) this afternoon and she gave me these instructions.

Thank you for your assistance in this matter.

Sincerely,

Gina B. Henkhaus