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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000048029 (0) DOCUMENT

SHOPPES OF HILLSBORO II, INC. Principal Place of Business Mailing Address 2201-2265 W HILLSBORO BLVD 2400 E COMMERCIAL BLVD DEERFIELD BEACH FL 33442 SUITE 820 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0501640 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 Personal Property Tax due June 30. 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CLARK, THOMAS M 2400 E COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 820 83 FT LAUDERDALE FL 33308 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 11777 TITLE SINGER, ALLEN NAME 1.2 NAME 3100 N. OCEAN BLVD. 3500 GALT-OCEAN DR-#901-1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ___ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ■ DELETE ☐ Change Addition TITLE 3,2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

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 trusted 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, of on an attachment withyan address.

SIGNATURE:

CITY - ST- ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State