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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

appears in Block 12

SIGNATURE

CDY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000020990 (4)

GMH/SHENANDOAH SQUARE, INC.

Principal Place of Business Mailing Address % SOUTHEAST SHOPPING CENTERS CORP. % SOUTHEAST SHOPPING CENTERS CORP. 1541 SUNSET DR., STE. 300 1541 SUNSET DR., STE. 900 CORAL GABLES FL 33143-5798 CORAL GABLES FL 33143 3. Date incorporated or Qualified 3a, Date of Last Report 03/14/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0638303 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zio Country ŽιD 8. This corporation has liability for intangible tax under s. 199.032. Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIGIER, GERALD M 1541 SUNSET DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 300 CORAL GABLES FL 33143 83 City 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 fam liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TRILE 1.1 TITLE HIGIER, GERALD M NAME 1.2 NAME 1541 SUNSET DR., STE. 300 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33143** 1.4 CITY-ST-ZIP CHEY-SI-ZIE DELETE ☐ Change Addition TIFLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 20F 2. 4 CITY-ST-ZIP DELETE Change Addition 10.6 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34. CiTY-ST-ZIP DELETE 4 1 TITLE Change Change Addition THEE 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 5.3 STREET ADDRESS STREET ADDRESS 00 Y - ST - ZIF 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 Statules; and that my name

FILED
May 06 1997 8:00am
Secretary of State

(96/6) (96/6)

**CR2E034** 

