05-06-1999 90287 003 *2,400.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020990

1. Corporation Name

GMH/SHENANDOAH SQUARE, INC.

Principal Place	Mailing Address	dress							
1541 SUNSET (% Southeast Shopping Centers Corp. 1541 Sunset Dr., Ste. 300 Coral Gables Fl. 33143		DO NOT WRITE IN	I THIS SPACE				
CORAL GABLES FL 33143 CORAL GABLES FL 33143						3. Date Incorporated or Qualifed			
						03/14/1995			
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
21						65-0638303		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00		
23	28				•	Trust Fund Contribution	Added t	, ,	
Zip	Country 25	Zip				This corporation owes the current y Personal Property Tax.		□No	
24 25 29 30 9. Name and Address of Current Registered Agent			<u>'''</u>	10. Name and Address of New Registered Agent					
			1	1 Nam	e				
HIGIER, GERALD M									
1541 SUNSET DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 300				33					
CORAL GABLES FL 33143									
			[34 City			FL 85 Zip C	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auth	orized	ov the co	d corpo poration	ration submits this statement for the purp i's board of directors. I hereby accept the	ose of changing its appointment as re-	registered gistered	
SIGNATURE									
	Signature, typed or printed name of registered agent		<u> </u>	gent signatu	e required		ATE AND DIRECTO		
12.	OFFICERS AND DIRECTORS		13.		-	ADDITIONS/CHANGES TO OFFICE		Addition	
TITLE	D	☐ DELETE	1.1 TITL	_			Change	Audition	
NAME	HIGIER, GERALD M		1.2 NAME					l	
STREET ADDRESS	1541 SUNSET DR., STE. 300		1.3 STREET ADDRESS		s				
CITY-ST-ZIP			1.4 CITY-ST-ZIP					TALES -	
TITLÉ	☐ DELETE		2.1 TITLE				☐ Change	☐ Addition	
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NAME			3.2 NAN						
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CITY-ST-ZIP				Y-ST-ZIP	+		Change	Addition	
ıme		☐ DELETE	4.1 TITL		1		□ change		
MAME			4. 2 NA	Æ	- 1				

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 trustee 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

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

DELETE

☐ DELETE

Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition