FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

	1990				4 to A M		
DOCU	MENT # P9500	00095038 (2)				
 Corporation 	Name	•	_,				
SHOPPI	ng center propertie	S, INC.) 18311631 til 16161 finte fåtet gate	***** **** ****	
Principal Place of Business Mailing Address						BOILL BEILD FE	
120 EAST 56TH ST.		120 EAST 56TH ST.					
NEW YORK N	r 10022	NEW YORK NY 1003	22				
					3. Date Incorporated or Qualified	3a. Dat	e of Last Report
A B					12/14/1995		1 1
Principal Place of Business		28. Mailing Address	26 Address		4. FEI Number 58-2228251		Applied For Not Applicable
Suite, Apt. #, etc.		an no francista e e e e e e e e e e e e e e e e e e e	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
		27	27				Fee Required
City & State		City & State	···		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
23 Zip	Country Zip		Countr	Added to t		Added to Fees	
24	25	29	30	,		s No	ax directs 199.002,
	9. Name and Address of Curr	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered	Agent
			81	Name			
Cohen, Seth I 5355 Town Center Rd. Suite 301 Boca Raton Fl 33486			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
			83	1		 	
				ļ.,			
DOON 14			84	City		FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida \$ta	atutes, the above	named corpo	ration submits this statement for the pe	rpose of ch	anging its registered office
familiar wit	ed agent, or both, in the State or the high and accept the obligations of, Sc	ormai Such change was auth ection 607.0505, Florida Stati	idrized by trie corp utes	oration's boa	rd of directors. Thereby accept the app	pointment as	s registered agent. I am
SIGNATURE _							
12.	Signature, typed or pointed name of registered ag OFFICERS A	ect and the trapple sales. ND DIRECTORS	NOTE Registered Ago	of Synature require	d when reinstating? ADDITIONS/CHANGES TO OF	EICERS AND	D DIRECTORS IN 12
TITLE		□ Delete	1 13111.8				Change Addition
NAME	President, Treas Melvyn R. Oestre		1.2 NAME				
STREET ADDRESS	120 East 56th St.NYC, NY 10022		- 3 STPEE	T ACORESS			
CITY-ST-ZIP			1.4 CHV -				
TIFE	Vice President, Sec., Dir.		2 1 TITLE				Change Chaddition
NAME STREET ADDRESS			2.2 NAME	' ADDRESS			
CITY-ST-ZIP	120 East 56th St	r., NYC, NY 10	022 1 3 3 1 1 1 1 2 4 CITY :				
TIFLE		DELETE	3 1 THILE				Change Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-SI-2IP		□ NC ETC	3.4 CITY -				C) () (144)
TITLE NAME		☐ DELETE	4 1 TITLE 4 2 NAME			١	Ghange 🗋 Addition
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			4.4 CI*Y-				
TITLE		☐ DELET€	5 Tille				Change Addition
NAME			5.2 NAME				
STREET ADORESS			5 3 STREE	FADDRESS			
CITY-ST-ZIP		E December	5.4.0157				D 0ha D 44 PC
TITLE		☐ DELETE	6 1 TITLE				Change Addition
NAME STREET ADORESS			6.2 NAME	LADDRESS			
CITY-ST-ZIF			6.4 CITY				
	v certify that the information supplie	d with this frion is voluntarily			or the exemption stated in Section 119	0.7(3)(k) Ex	orida Statutes I further

• I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information inclinated on this amount report in supplemental amount is true and about an 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 or diagonal or open attack ment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.94

212-593-3600

Da, time Prior e #