

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099169

1. Corporation Name
OAKBROOK SQUARE SHOPPING CENTER CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 1:09



Principal Place of Business
2401 PGA BLVD.
SUITE 280
PALM BEACH GARDENS FL 33410

Mailing Address
2401 PGA BLVD.
SUITE 280
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1996	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0715448	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
4		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

WIENER, DAVID J
1400 CENTRPARK BLVD.
SUITE 1400
W PALM BEACH FL 33401

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2401 PGA Boulevard
83 Suite 280
84 City
Palm Beach Gardens FL 85 Zip Code
33410

I, the undersigned, being a duly qualified agent and duly authorized agent of the above-named corporation, submit this statement for the purpose of changing its registered office or registered agent, 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 of Registered Agent

NOTE: Registered Agent signature required when reinstating

DATE

2-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESTON, JOHN ☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	2401 PGA BLVD. SUITE 280	1.2 NAME	
STREET ADDRESS	PALM BEACH GARDENS FL 33410	1.3 STREET ADDRESS	
TY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D GREEN, ROBERT S ☐ DELETE	2.1 TITLE	VPST ☒ Change ☐ Addition
NAME	2851 JOHN STREET SUITE 1	2.2 NAME	
STREET ADDRESS	MARKHAM ONTARIO L3R5R7	2.3 STREET ADDRESS	
TY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	COHEN, PETER F.
STREET ADDRESS		3.3 STREET ADDRESS	2851 JOHN STREET, SUITE ONE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MARKHAM, ONTARIO, CANADA L3R5R7
TITLE	☐ DELETE	4.1 TITLE	DVPAS ☐ Change ☒ Addition
NAME		4.2 NAME	BERNICK, LARRY
STREET ADDRESS		4.3 STREET ADDRESS	2401 PGA BOULEVARD, SUITE 280
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

2-5-99

561-624-9500