

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000029819 (4)

1. Corporation Name
THE MALL STORE, INC.

Principal Place of Business
10968 WINDING CREEK LANE
BOCA RATON FL 33428
CORRECT ADDRESS

Mailing Address
10968 WINDING CREEK LANE
BOCA RATON FL 33428
CORRECT ADDRESS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10968 WINDING CREEK LANE Suite, Apt. #, etc. 22 City & State 23 Boca Raton, FL Zip Country 24 33428 25 U.S.A.		2a. Mailing Address 26 10968 WINDING CREEK LANE Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip Country 29 33428 30 U.S.A.		3. Date Incorporated or Qualified 03/31/1997	4. FEI Number 65-0756664 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHUTTLER, HOLLY D 2255 GLADES ROAD SUITE 300E BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RSD <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, PAUL	1.2 NAME	SILVERMAN, PAUL
STREET ADDRESS	10149 WINDTREE LANE	1.3 STREET ADDRESS	5336 NW 48 ST
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CUNHA, JOE	2.2 NAME	
STREET ADDRESS	10968 WINDING CREEK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-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 on an attachment with an address.

SIGNATURE: Paul Silverman PAUL SILVERMAN

4-17-98

561-447-3194

CR2E034 (10/97)