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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000039499**1. Corporation Name

CITADEL CENTERS, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90002 043 ***158.75



Principal Plac	e of Business	Mailing Address					
616 WEST BRANDON BOULEVARD		POST OFFICE DRAWER 1487					
BRANDON FL 33511		BRANDON FL 33509			DO NOT WRITE IN THIS SPACE		
				,	3. Date Incorporated or Qualifed	·	
	•				04/30/1997		
1,		A Maritian Address			4. FEI Number	Anr	lied For
2. Principal P	Place of Business	2a. Mailing Address			65-0759634	 -ii	Applicable
21		26 Suite Act # etc			00-0709004	\$8.75 A	
Suite, Apt. #, etc.		 	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Rec	
22		City & State			5 Single Company Single		
City & State		⊢ ′	¬ ' .		6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
23		28			8. This corporation owes the current year I		
Zip	Country	Zip		iat y	Personal Property Tax.	Titangibie □ Yes	No.
24	25		30		10. Name and Address of New Registere		
 	9. Name and Address of Current	Registered Agent		81 Name	10, ramo dita ribarosa a		
MCI	DERMOTT, MICHAEL J	a file and the second	-		***		
	WEST LUMSDEN ROAD			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	NDON FL 33511			83	1 1 2 EST 2 ST 1 2 ST 2 ST 2 ST 2 ST 2 ST 2 ST	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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•				84 City	F	85 Zip C	odé
0 10 10 10 10 10 10 10 10 10 10 10 10 10	to the previous of Sections 607.0503	and 607 1508. Florida Statute	s the al	hove-named co	rporation submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the State of	of Florida. Such change was au	thorized	by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as.reg	jistered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flor	da Stati	utes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if numbership (NOTE:	Registered	Agent signature regu	ired when reinstating) DATE		
42	OFFICERS AND		13.	y gont organization and	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	D	DELETE	1.1 TI	TLE		☐ Change	Addition
NAME	MILLER, THOMAS H		1.2 NA	AME .			1
	ALA MARKE AND MALERONA			REET ADDRESS			
STREET ADDRESS	BRANDON FL 33510			TY-ST-ZIP			
CITY-ST-ZIP	BRANDON FL 33310	☐ DELETE	2.1 TR			Change	☐ Addition
		—	2.2 NA		·		
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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, with all other like empowered.