

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90019 007 ***150.00

DOCUMENT # *P97000059221*

1. Corporation Name

CENTREFUND SHOPPING CENTERS, INC.

Principal Place of Business
2401 PGA Boulevard
Suite 280
Palm Beach Gardens, FL 33410

Mailing Address
2401 PGA Boulevard
Suite 280
Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/97

4. FEI Number
65-0913552

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David J. Wiener, Esq.
2401 PGA Boulevard
Suite 280
Palm Beach Gardens, FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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] **David J. Wiener, Esq.** **Registered Agent** NOTE: Registered Agent signature required when reinstating.

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Preston, John W.S.	
STREET ADDRESS	2401 PGA Boulevard, Suite 280	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	V/S/T	<input type="checkbox"/> DELETE
NAME	Green, Robert S.	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario L3R 5R7 Canada	
TITLE	D/V/AS	<input type="checkbox"/> DELETE
NAME	Bernick, Larry	
STREET ADDRESS	2401 PGA Boulevard, Suite 280	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cohen, Peter	
STREET ADDRESS	30 St. Clair Avenue West, Ste. 1400	
CITY-ST-ZIP	Toronto, Ontario M4V 3A1 Canada	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

By:

[Signature] **Larry Bernick, V** SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

561-624-9500

Daytime Phone #

CR2E034 (11/98)