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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000080803 (4)

RETAIL CENTER OF SOUTHERN BOULEVARD, INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
943 CLINT MO			943 CLINT MOORE ROAD		
BOCA RATON FL 33487		DOOR NRION FL 33401	BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					09/17/1997
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			05-0785 145 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		· · · · · · · · · · · · · · · · · · ·	27		Fee Required
City & State	e	├ ── ┐ ′	City & State		Election Campaign Financing \$5.00 May Be
Zip Country		·· +	Zip Country		Trust Fund Contribution Added to Fees
24	25	· · ·	 		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9, Name and Address of Current			29 30 30 Registered Agent		Personal Property Tax due June 30. Yes I No 10. Name and Address of New Registered Agent
					To the second se
HEISE, MARTIN P 943 CLINT MOORE ROAD					
	CA RATON FL 33487		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
ВО	CA RATON FL 33467		8	3	
			8	4 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 re	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was	authorized I	by the corpora	ation's board of directors. I hereby accept the appointment as registered
•	m amiliar with, and accept the obli	galions of, section our page, r	TOTION STATUL	es.	
SIGNATURE	Signature, lyped or printed name of registered a	gent and title if applicable (NC	OTL: Registered A	gont signature requ	ired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TSD	DELETE	11 THLE		Change Addition
NAME	HEISE, MARTIN P		1.2 NAM	E	
STREET ADDRESS	943 CLINT MOORE ROAD		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY	- ST - 21P	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERSON, GERALD S		2.2 NAM	ŧ	
STREET ADDRESS	943 CLINT MOORE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2. 4 CITY	- S1 - ZIP	
TITLE	_	☐ DELETE	ETE 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP		······	3.4. CITY	- ST - ZIP	
TIFLE		☐ DELETE	41 THLE		Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY -	ST-7IP	
TITLE		☐ DELETE 5.1 TITLE			Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	E1 ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6 4 CHY-		
Indicated of	ertify that the information supplied to on this annual eport or supplement	with this filing does not qualify to tal annual report is true and ac	for the exem curate and t	ption stated in hat my signatu	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an
Block 12 o	or Block 13 it/onaviged, of an all atta	reiver or trustee empowered to achinent with an address.	execute this	s report as requ	ure shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Statutes; and that my name appears in