

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

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98 OCT 16 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA1000088803**
1. Corporation Name
FLORIDA OUTLET CENTERS, INC

Principal Place of Business Mailing Address
**1150 S.E. Federal Hwy.
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0787181 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | <input checked="" type="checkbox"/> | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 23 | | 28 | | <input type="checkbox"/> | | | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | | 29 | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Mitchell Berkowitz, P.A. 2601 N. Ocean Ave Suite F Singer Island, FL 33404 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | Michael Spieles - Pres. | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | Michael Spieles - Pres. | | 1.2 NAME | | | | |
| STREET ADDRESS | 1150 S. FEDERAL HWY | | 1.3 STREET ADDRESS | 200002666542--0 | | | |
| CITY-ST-ZIP | STUART FL 34994 | | 1.4 CITY-ST-ZIP | -10/19/98--01034--022 | | | |
| TITLE | Michael Spieles - Sec. | <input type="checkbox"/> DELETE | 2.1 TITLE | ***158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | Michael Spieles - Sec. | | 2.2 NAME | | | | |
| STREET ADDRESS | 1150 S. FEDERAL HWY | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | STUART, FL 34994 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | Michael Spieles - Treas. | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | Michael Spieles - Treas. | | 3.2 NAME | | | | |
| STREET ADDRESS | 1150 S. FEDERAL HWY | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | STUART, FL 34994 | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: Michael Spieles **10-5-98** **561-288-2221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Michael Spieles - PRESIDENT

CR2E034 (10/97)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom it may concern;

We never received a Report form for filing. We called our attorney who had one sent to us for filing. I do not feel we are late because noone sent us anything. If I am wrong I will send the late fee.

Sincerely

Mindy Spill