

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 26 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S05665** (2)

1. Corporation Name

CHANCELLOR SHOPPING CENTER, INC.

Principal Place of Business

**1680 NE 135TH ST.
N. MIAMI FL 33181**

Mailing Address

**1680 NE 135TH ST.
N. MIAMI FL 33181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1990		04/18/1996	
22 101 E		27 101 E		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0236446		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENFIELD, BARBARA CHANCELLOR SHOPPING CENTER, INC. 1680 NE 135 STR 101 E NO MIAMI FL 33181				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, 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	PD	1.1 TITLE	Change Addition
NAME	GREENFIELD, BARBARA	1.2 NAME	100002307621--8
STREET ADDRESS	2040 N.E. 194TH DRIVE	1.3 STREET ADDRESS	-09/30/97--01039--007
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	VP	2.1 TITLE	Change Addition
NAME	DUVAL, HARVIE S.	2.2 NAME	
STREET ADDRESS	9876 NE 12TH ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	Change Addition
NAME	GREENFIELD, LEO	3.2 NAME	
STREET ADDRESS	2040 NE 194TH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Change Addition
NAME	GREENFIELD, BARBARA	4.2 NAME	
STREET ADDRESS	2040 NE 194TH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	Change Addition
NAME	DUVAL, AUDREE K.	5.2 NAME	
STREET ADDRESS	9876 NE 12TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: 3 SIGNATURE REQUIRED

CR2E034 (4/97)