

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S05665** (2)

1. Corporation Name  
**CHANCELLOR SHOPPING CENTER, INC.**

Principal Place of Business <b>1680 NE 135TH ST. 101 E N. MIAMI FL 33181</b>	Mailing Address <b>1680 NE 135TH ST. 101 E N. MIAMI FL 33181</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/09/1990</b>	
4. FEI Number <b>65-0236446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**GREENFIELD, BARBARA  
CHANCELLOR SHOPPING CENTER, INC.  
1680 NE 135 STR  
NO MIAMI FL 33181**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENFIELD, BARBARA	
STREET ADDRESS	<del>2040 N.E. 194TH DRIVE</del> 1721 East TRAFALGAR CIRCLE	
CITY - ST - ZIP	N. MIAMI BEACH FL HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUVAL, HARVIE S.	
STREET ADDRESS	9876 NE 12TH ST AVE	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREENFIELD, LEO	
STREET ADDRESS	<del>2040 NE 194TH DRIVE</del> 1721 East TRAFALGAR CIRCLE	
CITY - ST - ZIP	NORTH MIAMI BEACH FL HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENFIELD, BARBARA	
STREET ADDRESS	<del>2040 NE 194TH DRIVE</del> 1721 East TRAFALGAR CIRCLE	
CITY - ST - ZIP	NORTH MIAMI BEACH FL HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUVAL, AUDREE K.	
STREET ADDRESS	9876 NE 12TH AVE	
CITY - ST - ZIP	MIAMI SHORES FL	
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.

SIGNATURE: *Barbara Greenfield*

*April 25, 1998*

200E034 (10/97)