

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S19604 (5)

1. Corporation Name

THE SHOPPES OF INTERLACHEN, INC.

Principal Place of Business

Mailing Address

200 E ROBINSON STREET
STE - 900
ORLANDO FL 32801
US

200 EAST ROBINSON STREET
STE 900
ORLANDO FL 32801
US



3. Date Incorporated or Qualified

12/18/1990

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21 1035 S. Semoran Blvd.

2a. Mailing Address

26 1035 S. Semoran Blvd.

4. FEI Number

59-3044091

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

22 Suite 1007

27 Suite 1007

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

23 City & State

28 City & State

Trust Fund Contribution

☐

24 Winter Park FL

29 Winter Park, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☒ No

25 Zip

Country

29 Zip

Country

24 32792

25 US

29 32792

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, RONALD W.
112 SOUTH LAKE AVE.
ORLANDO FL 32801

81 Name

James R. Heistand

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

1035 S. Semoran Blvd.

83

Suite 1007

84 City

Winter Park

FL

85 Zip Code

32792

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

James R. Heistand, President

6/21/96

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DVP
HEISTAND, JAMES R.
200 E. ROBINSON ST.
ORLANDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
HEISTAND, JAMES R.
200 E. ROBINSON ST.
ORLANDO FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

DVP
James R. Heistand
1035 S. Semoran Blvd., Suite 1007
Winter Park, FL 32792

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

S.
James R. Heistand
1035 S. Semoran Blvd., Suite 1007
Winter Park, FL 32792

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

James R. Heistand, President

June 21, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Address

CR2E034 (3/96)