SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12278

(0)

CONCOURSE VILLAGE SHOPPING CENTER, INC.

FILED 9Sep 17 1998 8:00am Secretary of State

10 05-07 1090

Principal Place of Bus iness Malling Address					{		8181 818# 64## 818# 488		
· ·									
C/O 200 EAST LAS OLAS BLVD. SUITE 1800		C/O 200 EAST LAS OLAS BLVD. Suite 1800					_		
FT. LAUDERDALE FL		FT. LAUDERDALE FL			DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualified 02/04/1992 			
'	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			<u>59-1611584</u>		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	-	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip Country			8. This corporation owes or has paid				
24	25]	29	30			Personal Property Tax due June 3	10.	Yes 🔀 No	
	9. Name and Address of Current	*				10. Name and Address of New Registered Agent			
MCNERNEY, MICHAEL J.				ין וי	Name				
	EAST LAS OLAS BLVD.		82	2 8	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	TE 1800 Lauderdale fl 33301		83	3					
, ,,,			84		City		-	85 Zip Code	
							FL_	210 0000	
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									
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	it signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND	DIRECTORS IN 12	
TITLE	P	DEFETE	1.1 TITLE		3	ADDITIONO/OFFATOLO TO OFFTO		Change Addition	
NAME	POLENZ, RAINER	[] DCICIE	1.2 NAME		10	LENZ, RAINER C/O 13f6	BANK	AG!	
STREET ADDRESS	11 WALBROOK , 6 FL	1.3 STREET ADDRE		DRESS 11	WALBEOOK, & FLOOR	•			
CITY-ST-ZIP	LONDON EC			1.4 CITY-ST-ZIP LC		NDON ECYN BEL			
TITLE		DETELE	2.1 TITLE					Change Addition	
NAME			2.2 NAME					·	
STREET ADDRESS			2.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		·				
TITLE		[]] OELETE	3.1 TITLE					Change Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADD	DRESS				
CITY-ST-ZIP			3.4 CITY-S	T-ZIP			-		
TITLE		[] DELETE	4.1 TITLE				L	Change Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE						
CITY-ST-ZIP	Tree eve			4.4 CHY-ST-ZIP 5.1 YIYLE				T	
TITLE	L] DELETE			5.2 NAME			L.	Change Addition	
NAME STORES ADDRESS			ł	TADO	NDE 66				
STREET ADORESS			5.3 STREET						
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	1-211				Change Addition	
NAME		L.Juntin	6.2 NAME				h	J Onange [] Mudition	
STREET ADDRESS			63 STREE	T ADD	DRESS				
CITY-ST-ZIP		\wedge	6.4 CITY-S					!	
14. I hereby certify that the information supplied with this filing does not qualify to 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 adcurate 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.									