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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V57729** 1. Corporation Name

CENTERMALL, INC.

Principal Place of Business

Mailing Address

2000 N. FLORIDA MANGO RD.. #200 WEST PALM BEACH FL 33409

2000 N. FLORIDA MANGO RD., #200 WEST PALM BEACH FL 33409

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90029 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							Ì	08/06/1992			
2. Principal Pl	ace of Business	2a.	Mailing Addre	SS				4. FEI Number		A	pplied For
21		26						65-0367976		N	ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #,	etc.				5. Certificate of Status Desired	×		Additional equired
City & State	9	<u></u> 1	City & State					6. Election Campaign Financing		\$5.00	May Be
28								Trust Fund Contribution			to Fees
Zip	Country	1201	Zip		Country			a. This corporation owes the cur	rent vear Int	angible	
4	25	29		30				Personal Property Tax.		∐Yes	<b>⊠</b> No
<u></u>	9. Name and Address of Currer		tered Agent	. 1.271				10. Name and Address of New	Registered	Agent	
			<u> </u>		81	Name					
DENTRY, DEBORAH A								The state of the s			
2000 N. FLORIDA MANGO RD., #200					82	Street	Addres	s (P.O. Box Number is Not Accept	able)		
WEST PALM BEACH FL 33409					83						
****	T TALM DESCRIPTE GOTOD				"						
					84	City			FL	.     `	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florid	da. Such chand	e was author	zed by	the com-	corpora oration's	ation submits this statement for the s board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age		d applicable	(NOTE: Page	ered Ager	t signature i	raquirad w	hen reinstating)	DATE		
	OFFICERS AN			<u> </u>	13.	it alginature i	roquii ou w	ADDITIONS/CHANGES TO O		ID DIRECT	ORS IN 12
TITLE		D DINE	□ DE		.1 TITLE		1	ADDITIONS/GITANOES TO SI	110211071	☐ Change	☐ Addition
	PTD				2 NAME						
NAME	HEATON, LINN D.					0000000					
STREET ADDRESS	215 5TH ST, #108					ADORESS					
CITY-ST-ZIP	W PALM BEACH FL 33401		- TO 0.5		.4 CITY-S	T-ZIP			-	☐ Change	Addition
TITLE	VP		<b>⋈</b> DE		1 TITLE					□ onange	
NAME	HEATON, GEORGE W.				.2 NAME						
STREET ADDRESS	215 5TH STREET, #108				.3 STREET	ADDRESS					
CITY-ST-ZIP	W PALM BEACH FL 33401				. 4 CITY-S	T-ZIP	<u> </u>				
TITLE			☐ DE	LETE :	.1 TITLE		YΡ	مدادمات		Change	Addition
NAME				į:	.2 NAME		Lee	W. HEATON I # Ide			
STREET ADDRESS					3 STREET	ADDRESS	215	5th Street 100			
CITY-ST-ZIP					.4. CITY-S	T-ZIP	M	W. Heaton 5th Street # 108 PAIM Beach Je	3340	۱۷	
TITLE			☐ DE	LETE	.1 TITLE					Change	Addition
NAME				1.	. 2 NAME						
STREET ADDRESS				1.	.3 STREET	ADDRESS					
CITY-ST-ZIP					.4 CITY-S						
TITLE			□ DE		i.1 TITLE				··········	☐ Change	☐ Addition
NAME					.2 NAME						
STREET ADDRESS				1:	3.3 STREE	TADORESS					
				1	i.4 CITY-S	T- ZIP					
CITY-ST-ZIP TITLE		<del></del>			3.1 TITLE		<del>                                     </del>			Change	☐ Addition
				•	.2 NAME					_ •	_
NAME				1		TADDRESS					
STREET ADDRESS					3.4 CITY-S						
CITY-ST-ZIP											

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, with all other like empowered.

SIGNATURE: