

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M95996 (8)**
1. Corporation Name
CITY SHOPPING CENTERS, INC.



Principal Place of Business: **5660 - 5682 WASHINGTON ST. HOLLYWOOD FL 33023 US**
Mailing Address: **694 N. DIXIE HWY. HOLLYWOOD FL 33020 US**

3. Date Incorporated or Qualified: **08/23/1988**
3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 2418 HOLLYWOOD BL**
Suite, Apt. #, etc.:
City & State: **27 HOLLYWOOD, FL**
Zip: **24 33020** Country: **25 US** Zip: **29 33020** Country: **30 BROWARD**

4. FEI Number: **59-1805852** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROSTAMIAN, BEN
694 N. DIXIE HWY.
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent
81 Name: **ROSTAMIAN, BEN**
82 Street Address (P.O. Box Number is Not Acceptable): **2418 HOLLYWOOD BL**
83
84 City: **HOLLYWOOD** FL 85 Zip Code: **33020**

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: **BEN ROSTAMIAN** *B. Rostamian* **4-29-96**
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DST	
NAME	ROSTAMIAN, BEN	
STREET ADDRESS	694 N. DIXIE HWY.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	DP	
NAME	ROSTAMIAN, ZOHREH A.	
STREET ADDRESS	2877 E. SIERRA DR.	
CITY - ST - ZIP	WESTLAKE HILLS CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	2418 HOLLYWOOD BL		
1.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **B. Rostamian** **BEN ROSTAMIAN** **4-29-96** **(954)927-6324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)