

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736843 (4)
1. Corporation Name
EASTLAKE SQUARE MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
5701-E HILLSBOROUGH AVE. RM 1258 TAMPA FL 33610 **5701-E HILLSBOROUGH AVE. RM 1258 TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/20/1976	3a. Date of Last Report 06/08/1994
4. FEI Number 59-1674910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
DULL, HAROLD
5701 E. HILLSBOROUGH AVENUE, ROOM 1258
TAMPA FL 33610

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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]* DATE **4/12/95**

12. OFFICERS AND DIRECTORS

TITLE	P - D
NAME	SEGER, CAROLE
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	VP - D
NAME	MEHOLLIN, INGRID
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	VP - D
NAME	WARD, DENISE
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	T
NAME	SURBER, MELISSA
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., 1258
CITY - ST - ZIP	TAMPA FL
TITLE	D - T
NAME	HOSKINS, GARY
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	D - T
NAME	BAILY, JACK
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MGR. - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harold Dull	
1.3 STREET ADDRESS	5701 E. Hillsborough Ave. #1258	
1.4 CITY - ST - ZIP	Tampa, FL 33610	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	800001490718	
2.4 CITY - ST - ZIP	-05/17/95--01050--009	
	***130.00 ***130.00	
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 110.07(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 *[Signature]* **Harold R Dull** DATE **4/12/95** **813 621 7575**