

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **09/20/1976**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1674910		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
		33306					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DULL, HAROLD
5701 E. HILLSBOROUGH AVENUE, ROOM 1258
TAMPA FL 33610

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice President Asset Mgmt
NAME	SEGER, CAROLE	1.2 NAME	Robert Saffran
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258	1.3 STREET ADDRESS	3200 N. Federal Hwy.
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	VD	2.1 TITLE	
NAME	MEHOLLIN, INGRID	2.2 NAME	
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WARD, DENISE	3.2 NAME	
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SURBER, MELISSA	4.2 NAME	
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., 1258	4.3 STREET ADDRESS	200001828602
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	-05/20/96--01030--005
TITLE	DT	5.1 TITLE	
NAME	HOSKINS, GARY	5.2 NAME	
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258	5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	
NAME	BAILY, JACK	6.2 NAME	
STREET ADDRESS	5701 E. HILLSBOROUGH AVE., #1258	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: *[Signature]* Date: **4/30/96** Daytime Phone #: **(954) 537-2700**

CR2E037 (12/95)