


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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Cynthia E. Warner  
Secretary of State  
1900 Capitol Mall, Tallahassee, Florida 32304

DOCUMENT # **612854** (0)

TAVERNIER TOWNE MALL, INC.

**APPROVED  
AND  
FILED**

05 MAY -1 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office (If Different)      Mailing Address

POST OFFICE BOX 427 ISLAMORADA FL 33036      POST OFFICE BOX 427 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

2. Previous Filing (If Applicable)		2a. Mailing Address		3. Date in Operation of Law (Federal)	3a. Date of Last Report
21		26		03/14/1979	05/01/1994
22 State App. # (if)		27 State App. # (if)		4. FEI Number	Applied Fee
23 City & State		28 City & State		59-1909790	Not Applicable
24		29		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25 County		30 County		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANDREWS, HELGA 81581 OLD HIGHWAY ISLAMORADA FL 33036				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PTS ANDREWS, HELGA	1. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	81581 OLD HWY.	2. NAME	
CITY & STATE	ISLAMORADA FL 33036	3. STREET ADDRESS	
NAME		4. CITY & STATE	
STREET ADDRESS		5. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		6. NAME	
NAME		7. STREET ADDRESS	
STREET ADDRESS		8. CITY & STATE	
CITY & STATE		9. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502 (6), Florida Statutes. I further certify that the information included 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. If any provision of the law of the State of Florida or the Federal Government requires the filing of this report as required by Chapter 607, Florida Statutes, and if it is, it shall appear on this filing. If it is not, it shall appear on this filing with an address.

SIGNATURE:  4-27-95 (305) 664-4965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR