

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 # 706798 (6)

1. Corporation Name
ROYAL PALM SHOPPING CENTER MERCHANTS' ASSOCIATION, INC.



Principal Place of Business: 315 S.E. MIZNER BLVD. #212 BOCA RATON FL 33432
Mailing Address: 315 S.E. MIZNER BLVD. #212 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 02/05/1964
3a. Date of Last Report: 02/06/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 23-7350051	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CIMINO, ROBERT S. 315 S.E. MIZNER BLVD #212 BOCA RATON FL 33432				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD LAFERRERA, GUY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	315 S.E. MIZNER BLVD	1.2 NAME	
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD CIMINO, ROBERT S.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	315 SE MIZNER BLVD. #212	2.2 NAME	Asst. Treasurer
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	Cimino, Robert S.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	315 SE Mizner Blvd #212, Boca Raton Fl
TITLE	PD JOHNSON, ROBERT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	315 SE MIZNER BLVD #212	3.2 NAME	PD Betty Karsch
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	315 SE Mizner Blvd #212
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, Fl. 33432
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] **ROBERT S. CIMINO, Asst. Treas.**
[Signature] **Betty Karsch**
 Date: 1/28/96 Daytime Phone #: 407-392-8300

CR2E037 (12/95)