

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 713215 (2)**

1. Corporation Name

**LAUDERHILL MALL MERCHANTS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1267 NW 40 AVE  
LAUDERHILL FL 33313  
US

1267 NW 40 AVE  
LAUDERHILL FL 33313  
US

3. Date Incorporated or Qualified  
**08/17/1967**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINTRAUB, SAMUEL  
7760 W 20 AVE  
STE 1  
HIALEAH FL 33016**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DR. JOSEPH SMITH	
STREET ADDRESS	1445C NW 40TH AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YABLON, JEFF	
STREET ADDRESS	1375-1 NW 40TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THELMA MCKEITHEN	
STREET ADDRESS	1317 NW 40TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, CYNTHIA G.	
STREET ADDRESS	1267 NW 40TH AVE	
CITY-ST-ZIP	LAUDERHILL FL	
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Isreal Rozenzwaig	
1.3 STREET ADDRESS	1355A N.W. 40th Ave.	
1.4 CITY-ST-ZIP	Lauderhill, FL 33313	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lloyd Robinson	
2.3 STREET ADDRESS	1215 N.W. 40th Ave.	
2.4 CITY-ST-ZIP	Lauderhill, FL 33313	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lloyd Sultan	
3.3 STREET ADDRESS	1310/12 N.W. 40th Ave.	
3.4 CITY-ST-ZIP	Lauderhill, FL 33313	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)