

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739815 (9)
1. Corporation Name
PINELLAS SQUARE MALL MERCHANTS ASSOCIATION, INC.



Principal Place of Business
**7200 U.S. HWY. 19 NORTH
ROOM 608
PINELLAS PARK FL 34665**

Mailing Address
**7200 U.S. HWY. 19 NORTH
ROOM 608
PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified
08/02/1977

3a. Date of Last Report
02/27/1995

4. FEI Number
59-1738455

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip **Change 33781**
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip **Change 33781**
29 Country

9. Name and Address of Current Registered Agent

**FINE, JULIE
7200 US HIGHWAY 19 NORTH
ROOM 608
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBEN, VONNA	1.2 NAME	
STREET ADDRESS	540 PINELLAS SQ MALL	1.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL 34665	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, MEGAN	2.2 NAME	
STREET ADDRESS	738 PINELLAS SQ MALL	2.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL 34665	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPING, JUANITA	3.2 NAME	
STREET ADDRESS	522 PINELLAS SQ MALL	3.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL 34665	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, KAREN	4.2 NAME	
STREET ADDRESS	528 PINELLAS SQ MALL	4.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL 34665	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, JULIE	5.2 NAME	
STREET ADDRESS	608 PINELLAS SQUARE MALL	5.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL 34665	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING, SUSAN	6.2 NAME	
STREET ADDRESS	636 PINELLAS SQ MALL	6.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL 34665	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

8/6/96 **813-527-2288**
Date Daytime Phone #

CR2E037 (3/96)