FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:25

DOCUMENT # 744818 (6)

1. Corporation Name
CROSS COUNTY MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
748 WESTWIND DRIVE P.O. BOX 14561 NORTH PALM BEACH FL 33408	748 WESTWIND DRIVE P.O. BOX 14561 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1978
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1976785 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMMONS, ROSS
748 WESTWIND DRIVE
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, RICHARD	12 NAME	
STREET ADDRESS	4356 OKEECHOBEE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LOWELL, RICH	22 NAME	
STREET ADDRESS	4356 OKEECHOBEE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WYBLE, GRACE	32 NAME	
STREET ADDRESS	4356 OKEECHOBEE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ALLEN, BUTCH	42 NAME	
STREET ADDRESS	4356 OKEECHOBEE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KIPP, LARRY	52 NAME	
STREET ADDRESS	4356 OKEECHOBEE BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ORLO'S, BIL	62 NAME	
STREET ADDRESS	4356 OKEECHOBEE BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	64 CITY-ST-ZIP	

REMITTED BY MAY 1

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: Richard D Kaufman President 407-478-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0040200