

**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 # **744818** (6)  
1. Corporation Name  
**CROSS COUNTY MALL MERCHANTS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified <b>11/02/1978</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1976785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SIMMONS, ROSS</b> <b>748 WESTWIND DRIVE</b> <b>NORTH PALM BEACH FL 33408</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFMAN, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>4356 OKEECHOBEE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWELL, RICH</b>	2.2 NAME	
STREET ADDRESS	<b>4356 OKEECHOBEE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYBLE, GRACE</b>	3.2 NAME	
STREET ADDRESS	<b>4356 OKEECHOBEE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, BUTCH</b>	4.2 NAME	
STREET ADDRESS	<b>4356 OKEECHOBEE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIPP, LARRY</b>	5.2 NAME	
STREET ADDRESS	<b>4356 OKEECHOBEE BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORLO'S, BIL</b>	6.2 NAME	
STREET ADDRESS	<b>4356 OKEECHOBEE BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	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 *Richard J Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)