

# 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  
**11/02/1978**

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

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**

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  
24 Country

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

## 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  
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	P <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	VP <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	S <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	D <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	D <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	D <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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)