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NONPROFIT CORPORATION ANNUAL REPORT



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

Date

Daytime Phone #

1996

DOCUMENT # 744818

(6)

CROSS COUNTY MALL MERCHANTS ASSOCIATION, INC.

	e of Business	Mailing Addres	Mailing Address						
748 WESTWIND DRIVE P.O. BOX 14561 NORTH PALM BEACH FL 33408		P.O. BOX 145	748 WESTWIND DRIVE P.O. BOX 14561 NORTH PALM BEACH FL 33408						
		NOMIT TACK	DENOTITE OF	<b>740</b> 0		3. Date Incorporated or Qualified 11/02/1978	3a. Date of Las 05/01/		
2. Principal Place of Business		<del></del>	2a. Mailing Address		4. FEI Number 59-1976785		Applied For		
Suite, Apt.	# etc	26 Suite, Apt.	# etc			29-1910102		Not Applicabl	
22	, 5.0.	27	₩, 610.			5. Certificate of Status Desired		5 Additional Required	
City & Stat	ө	City & State	ə			6. Election Campaign Financing	\$5.	00 May Be	
23		28				Trust Fund Contribution		ed to Fees	
Zip 24	Country 25	Zip	_	Country	•	8. This corporation has liability for in		s. 199.032	
	9. Name and Address of (	29 Current Registered Agen	30 t	0]		Florida Statutes   10. Name and Address of New Re	Yes No		
			<u> </u>	81	Name	TO. Hame and Address of New M	agistered Agent		
748 WES	IS, ROSS STWIND DRIVE PALM BEACH FL 33408			82 83		Street Address (P.O. Box Number is Not Acceptable)			
				84	City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617	7.0502 and 617.1508, Flori	s aumorized b	he above-r by the corp	l named corpor oration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	<del></del>	registered offic d agent. I am	
familiar wi	red agent, or both, in the State c ith, and accept the obligations of	л гюнца. Such change was	a Statutes.						
tarrilar w	ith, and accept the obligations of	f, Section 617.0503, Florida	a Statutes.						
SIGNATURE	ith, and accept the obligations of Signature, typed or printed name of registers	f, Section 617.0503, Florida ed agent and title it applicable	a Statutes.		it signatura recijure	ed when reinstating)	DATE		
SIGNATURE	ith, and accept the obligations of Signature, typed or printed name of registers	f, Section 617.0503, Florida ed agent and title if applicable RS AND DIRECTORS	(NOTE: R	13.	it signature requirei	ed when reinstaling! ADDITIONS (CHANGES TO OFF)	CERS AND DIRECT		
SIGNATURE  12.	Signature, typed or printed name of register  OFFICEF	f, Section 617.0503, Florida ed agent and title it applicable	(NOTE: R	13. 11 TITLE	it signatura require			ORS IN 12	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registers  OFFICER	r, Section 617.0503, Florida ed agent and to et applicable RS AND DIRECTORS	(NOTE: R	13.			CERS AND DIRECT		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of register  OFFICEF P KAUFMAN, RICHARD 4356 OKEECHOBEE BLV W. PALM BCH. FL	r, Section 617.0503, Florida ed agent and to et applicable RS AND DIRECTORS	(NOTE: R	13. 11 TITLE 1.2 NAME	ADORESS		CERS AND DIRECT		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of register OFFICEF P KAUFMAN, RICHARD 4356 OKEECHOBEE BLV W. PALM BCH. FL	r, Section 617.0503, Florida ed agent and to et applicable RS AND DIRECTORS	(NOTE: R	13. 11 TITLE 1.2 NAME 1.3 STREET	ADORESS		CERS AND DIRECT		
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