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PROFIT CORPORATION ANNUAL REPORT



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

1996

M98749 **DOCUMENT #**

1. Corporation Name
TRADERS OF BROWARD MALL, INC.

(8)

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Ma 8000 W. BROWARD BLVD #628 PLANTATION FL 33389-0707 US			ing Address 8000 w Broward BLVD #628 PLANATATION FL 33388-0707 US						
							3. Date to composted or Qualified 09/15/1988	3a. Date of la 05/0	1/1995
2. Principal Place of Business 2a. 21 26			Mailing Address				4. FEI Number		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		28	City & State				6. Election Campaign Prancing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution		
Ζιρ 24	p Country 29		Zip Country			8, This corporation has liable for intangible tax under s. 199.032. Florida Statutes Yes ☐ No			
	9. Name and Address of Cu	rrent Registere	d Agent				10. Name and Address of New F	legistered Agen	t
041105	0.440004			8	1	Name			
SANDER, WOODY 8000 W. BROWARD BLVD. #628 PLANTATION FL 33388				8.	2	Street Addre	ress (P.O. Box Number is Not Acceptable)		
					83				
				8	4	City	FL 85 Zip Code		Zip Code
familiar with SIGNATURE	 and accept the obligations of, signature, typed or printed name of registered. 	Section 607.050!	5, Florida Statutes ინი რე			ration's board	for directors. Thereby accept the approximation of the second of the sec	[ĀĒ	
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NAME	SANDER, WOODROW			1.2 NAM	î				
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14, 100 hereby	certify that the information supp	ued with this film	g is voluntarily furi	iisnea ana do	JUS.	mor quality to	r the exemption stated in Section 119	.or (sjik), Morida S	Statutes Fruither

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 607, Fiorida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment within address

SIGNATURE:

NO THE DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)