

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 # N03506 (5)

1. Corporation Name

THE PORT MALABAR INTERCHANGE MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

3. Date Incorporated or Qualified

06/07/1984

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, MARCIA H
ATTN: LEGAL DEPARTMENT
2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

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 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

| | | |
|----------------|--------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | KULCZYCKI, GEORGE R | |
| STREET ADDRESS | 5420 BABCOCK ST. N.E., RM. 202 | |
| CITY-ST-ZIP | PALM BAY FL | |
| TITLE | DTV | <input checked="" type="checkbox"/> DELETE |
| NAME | ALLEN, MATTHEW J. | |
| STREET ADDRESS | 2601 S. BAYSHORE DR. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DSV | <input checked="" type="checkbox"/> DELETE |
| NAME | LANGLEY, MARCIA H | |
| STREET ADDRESS | 2601 S BAYSHORE DR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VAS | <input type="checkbox"/> DELETE |
| NAME | JEFFREY, THOMAS W | |
| STREET ADDRESS | 2601 S. BAYSHORE DR. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | DPS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Joel K. Goldman | |
| 1.3 STREET ADDRESS | 2601 S. Bayshore Dr. | |
| 1.4 CITY-ST-ZIP | Miami, Florida 33133 | |
| 2.1 TITLE | DTV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Mark Sparrow | |
| 2.3 STREET ADDRESS | 2601 S. Bayshore Dr | |
| 2.4 CITY-ST-ZIP | Miami, Florida 33133 | |
| 3.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Jay C. Fertig | |
| 3.3 STREET ADDRESS | 2601 S. Bayshore Dr. | |
| 3.4 CITY-ST-ZIP | Miami, Florida 33133 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | 500001829235 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | -05/20/96--01044--008 | |
| 5.3 STREET ADDRESS | ***61.25 | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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:

Joel K. Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel K. Goldman

4/18/96

305-859-4071

Date

Telephone

CR2E037 (12/95)