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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N35514

THE NOB HILL SHOPPES COMMERCE ASSOCIATION, INC.

1846 NOR HILL BOAD

Principal Place of Business

Mailing Address

P.O. BOX 02-9010

FILED Jan 16 1997 8:00am Secretary of State



	FL 33322	FT. LAUDERDALE FL (33302-9010						
						3. Date incorporated or Qualified 12/04/1989		e of Las 01/24/	t Report 1996
2. Principal F	Place of Business	2a. Mailing Address	·		······································	4. FEI Number			Applied For
21		26				65-0530336		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Sta	te	City & State			***************************************	6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Cc	ountry		8. This corporation has liability for	intangible	tax unde	er s. 199.032.
24	25	29	30					₩o	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	glatered /	gent	
				81	Name				
MATTE	L, HARVEY			00	01 1 4 4 4	loss (D.O. B., M., Sharis Na.)			
	FEDERAL HIGHWAY, 5TH FLOO)R	82 8		Street Add	Iress (P.O. Box Number is Not Acceptat	ж		
	JDERDALE FL 33301	711		83			· · · · · · · · · · · · · · · · · · ·		
FI. DAL	DENDALE PL 35301								
				84	City		FL	85 Z	ip Code
···						poration submits this statement for the p		بلبا	
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change v igations of, Section 617.0503	vas authoriz 3, Florida St	ed by latutes	the corpora	tion's board of directors. I hereby acce	pt the app	ointment	as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registe	red Ager	nt signature regu	ired when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1	TITLE				Chan	ge 🔲 Additio
NAME	SCHMIDT, MARK L		12	NAME					_
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I am an officer or director of the adoptation 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 or an attachment with an address. I am an officer or director of the appears in Block 12 or Block 13