

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004546 (6)

1. Corporation Name

MURDOCK RETAIL CENTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

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MIAMI FL 33133

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

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

4. FEI Number

65-0648444

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFREY, THOMAS W
2601 SOUTH 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 transferring.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MITCHELL, ALAN L
STREET ADDRESS 1649 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ DELETE

1.1 TITLE DVT
1.2 NAME Mark Sparrow
1.3 STREET ADDRESS 2601 S. Bayshore Dr.
1.4 CITY-ST-ZIP Miami, Florida 33133 ☐ Change ☒ Addition

TITLE VD
NAME ALLEN, MATTHEW J
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

2.1 TITLE DVS
2.2 NAME Joel K. Goldman
2.3 STREET ADDRESS 2601 S. Bayshore Dr.
2.4 CITY-ST-ZIP Miami, Florida 33133 ☐ Change ☒ Addition

TITLE VSTD
NAME LANGLEY, MARCIA H
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 700001829257
4.4 CITY-ST-ZIP -05/20/96--01044--020 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ***61.25
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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
Joel K. Goldman

4/18/96

305-859-4071

Date

Daytime Phone

CR2E037 (12/95)