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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name **N95000004546 (6)**

MURDOCK RETAIL CENTER ASSOCIATION, INC.

Principal Place of Business 2601 S. Bayshore Dr Suite 900 Miami FL 33133	Mailing Address 2601 S. Bayshore Drive Suite 900 Miami FL 33133
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3. Date Incorporated or Qualified 09/22/95	3a. Date of Last Report 4-18-96
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0648444	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

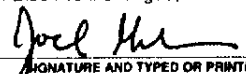
9. Name and Address of Current Registered Agent Thomas W. Jeffrey 2601 S. Bayshore Drive Suite 900 Miami FL 33133	10. Name and Address of New Registered Agent 81 Name Joel K. Goldman 82 Street Address (P.O. Box Number Is Not Acceptable) Suite 900 83 2601 S. Bayshore Drive 84 City Miami FL 85 Zip Code 33133
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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  **Joel K. Goldman** **4-15-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME Mitchell, Alan L.	1.1 TITLE VTD	NAME Carleton, Callis
STREET ADDRESS 1649 Tamiami Trail	CITY-ST-ZIP Pt. Charlotte FL 33948	1.2 NAME	1.3 STREET ADDRESS 2601 S. Bayshore Drive
TITLE DVT	NAME Sparrow, Mark	1.4 CITY-ST-ZIP Miami FL 33133	
STREET ADDRESS 2601 S. Bayshore Drive	CITY-ST-ZIP Miami FL 33133	2.1 TITLE	2.2 NAME
TITLE DVS	NAME Goldman, Joel K.	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS 2601 S. Bayshore Drive	CITY-ST-ZIP Miami FL 33133	3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, VP** **4-15-97** **305-859-4071**
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (9/96)