## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT #** 

## **FILED** Apr 28 1997 8:00am Secretary of State

MURDOCK RETAIL CENTER ASSOCIATION, INC.	1. Согрочина	N95000045	40 (0)								
2601 S. Bayshore Dr	MURDOCK	RETAIL CENTER ASSOC	IATION, INC.								
2601 S. Bayshore Dr											
Suite 900 Miami FL 33133 Miami FL 33133 Miami FL 33133  22. Maining Address 23. Maining Address 36. OS468444  36. FER Humber 38. Date incorporated or Qualified 38. Date of Last Report 4-18-96  4-18-96	•										
Miami FL 33133	· · · · · · · · · · · · · · · · · · ·				rive		·				
Spring   S											
20	Miami FI	. 33133	Miami FL 33133								
Suite Apt #, 600   Suite Apt #	2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	]
27	21		······································		**********		65-0648444			<del></del>	1
City & State    City & State   City & State   City & State   Country   Zip   Sip   Sip	Suite Apt	#, etc					5. Certificate of Status Desired		<b>-</b>		
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Zip		g.	<b>⊢</b> ′				, ,	m			
28		Country	<del></del>	Cou	ntry				***************	·····	+
S. Name and Address of Current Registered Agent  Thomas W. Jeffrey 2 Sol S. Bayshore Drive Suite 900 Miami FL 33133  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 agent. I am familiar with and accept the obligations of Section 617 0503. Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of Section 617 0503. Florida Statutes  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  With PD  SIGNATURE PD  MITCH PD  SIGNATURE PD  SIGNATURE AGENT STATE  MITCH PD  SIGNATURE PD  MITCH PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  MITCH PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  MITCH PD  SIGNATURE PD  SIGNATURE PD  MITCH PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  SIGNATURE PD  MITCH PD  SIGNATURE PD  MITCH PD  SIGNATURE PD			<b>⊢</b> '	_	,					, 133.USE,	
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SUITE 900  Miami FL 33133  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the provise of changing its registered of concept the obligations of, Section 17,000, Florida Statutes, the above-named corporation submits this statement for the propose of changing its registered of concept with and accept the obligations of, Section 17,000, Florida Statutes, the above-named corporation submits this statement for the propose of changing its registered of concept with and accept the obligations of, Section 17,000, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of concept with and accept the obligations of, Section 17,000, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of concept with a corporation submits this statement for the purpose of changing its registered of chang	Thomas V	N. Jeffrey		ł				ole)			-
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Main	Miami FI	. 33133		}		D+	Bayshore Drive		RS Zin	Code	-
office or registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am furnism with, and accept the bothgations of, Section of 50,0503, Fiorida Statutes.    SIGNATURE					Miam	1			3:	3133	
agent. I am Equilibar with, and accept the obligations of, Section 617.0503, Florida Statutes.    SIGNATURE	11. Pursuarit t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the at	ove-named	corpo	ration submits this statement for the p	urpose of	changing i	ts registered	1
Squiry   Control common of regulated agent and little 4 applicable   (NOTE: Registered Agent alregiature mediature)   DATE	agent. I ar	m familiar with, and accept the obligat	ions of, Section 617.0503, Flo	rida Stat	utes.	JOIALIO	ind board of an octors, 1 horosy accep	or me app	AUTHOUT GO	1081310100	1
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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	<ol> <li>14. I do hereb informatio</li> </ol>	by certify that the information supplied in indicated on this annual report or su	with this filing does not qualify pplemental annual report is tr	for the ue and a	exemption sl ccurate and	tated i that n	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega	s. I further I effect as	certify that if made un	the ider oath; tha	t

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.

Joel K. Goldman, VP

305.859.8071