

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**

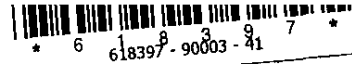

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 038 ****70.00

DOCUMENT # N95000004546

1. Corporation Name

MURDOCK RETAIL CENTER ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 1530 HEITMAN ST. SUITE 900 FT. MYERS FL 33901 US | Mailing Address 1530 HEITMAN ST. SUITE 900 FT. MYERS FL 33901 US |
|---|---|

| | | |
|---|--|--|
| 2. Principal Place of Business 21 1530 Heitman ST Suite, Apt. #, etc. 22 RTN: DAVID Robbins City & State 23 Ft Myers, FL Zip 33901 Country U.S. | 2a. Mailing Address 26 1530 Heitman ST Suite, Apt. #, etc. 27 RTN: DAVID Robbins City & State 28 Ft Myers, FL Zip 33901 Country U.S. | 3. Date Incorporated or Qualified 09/22/1995 4. FEI Number 65-0648444 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional - Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees |
|---|--|--|

| | |
|--|---|
| 9. Name and Address of Current Registered Agent STOLPE, TOD APPLE SOUTH, INC. 19010 MURDOCK CIRCLE PORT CHARLOTTE FL 33948 | 10. Name and Address of New Registered Agent 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOLPE, TOD | 1.2 NAME | STOLPE, TOD |
| STREET ADDRESS | 19010 MURDOCK CIRCLE | 1.3 STREET ADDRESS | 19010 MURDOCK CIRCLE |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33948 | 1.4 CITY-ST-ZIP | Port Charlotte, FL 33948 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURMAN, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 1663 MOUND ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34236 | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBBINS, DAVID L. | 3.2 NAME | |
| STREET ADDRESS | 1530 HEITMAN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL 33901 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:

David L. Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID L. Robbins

8/27/99

941-339-1341

Date

Daytime Phone #

CR2E037 (5/99)