

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph B. William
Secretary of State
UNIVERSITY CENTER BUILDING

5-11-95 11:30

DOCUMENT # P00474 (7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MALL TENANT CONTRACTORS, INC.

Principal Office (Mailing) **564 COUNTRY CLUB RD
POCAHONTAS AR 72455
US**

Legal Address **564 COUNTRY CLUB RD
P O BOX 660
POCAHONTAS AR 72455**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1983		3a. Date of Last Report 02/18/1994	
4. FEI Number 71-0583153		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S 199.033, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Office (Mailing) 21	2a. Mailing Address 26	22. City & State 27	23. City & State 28
P.O. Box 660	P.O. Box 660	Pocahontas, AR	Pocahontas, AR
24. Zip 25	29. Zip 29	30. Country 30	
72455	72455	USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CAMMARATA, JUDITH 1370 HEATHER RIDGE BLVD. APT. 101 DUNEDIN FL 34698		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.1508, 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 understand the provisions of Sections 607.01 and 607.1508, Florida Statutes.

SIGNATURE **Judith Cammarata**
Principal Office (Mailing) Registered Office (Legal) Registered Agent (Registered Representative) (Residing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 1:	
1. TITLE	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. STREET ADDRESS	2. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3. CITY & STATE	3. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. TITLE	4. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. NAME	5. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. STREET ADDRESS	6. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7. CITY & STATE	7. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
8. TITLE	8. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. NAME	9. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. STREET ADDRESS	10. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. CITY & STATE	11. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. TITLE	12. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13. NAME	13. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. STREET ADDRESS	14. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
15. CITY & STATE	15. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
16. TITLE	16. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
17. NAME	17. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18. STREET ADDRESS	18. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19. CITY & STATE	19. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct 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 registered agent or registered representative named in the report is required by Chapter 607, Florida Statutes, and that my name appears in the list of officers, directors, registered agent or registered representative attached hereto with an address.

SIGNATURE: **James R. McCurter**
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

James R. McCurter **3-23-95**