

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28705** (2)

1. Corporation Name

LARGO MALL, INC.

Principal Place of Business

Mailing Address

C/O CORPORATION SERVICE COMPANY
1013 CENTRE ROAD
WILMINGTON DE 19805-1265

C/O CORPORATION SERVICE COMPANY
1013 CENTRE ROAD
WILMINGTON DE 19805-1265



2. Principal Place of Business

2a. Mailing Address

21 **3528 Maryland Parkway**
Suite Apt. #, etc.

26 **3528 Maryland Parkway**
Suite Apt. #, etc.

22 City & State
23 **Las Vegas, NV**

27 City & State
28 **Las Vegas, NV**

24 Zip **89109** 25 Country **USA**

29 Zip **89109** 30 Country **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/30/1990

3a. Date of Last Report

03/07/1995

4. FEI Number

52-1673757

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent Signature must include date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	PECK, NORMAN L.	437 MADISON AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
VD	LACHMAN, M. LEANNE	437 MADISON AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
VST	PESKIN, MARK	437 MADISON AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
D	PESKIN, MARK	437 MADISON AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
VAS	MARLOWE, JOHN	437 MADISON AVE.	NEW YORK NY	<input checked="" type="checkbox"/>
D	NEEDELL, BENJAMIN F.	919 THIRD AVE	NEW YORK NY	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
P/D/C	David S. Gruber	3528 Maryland Parkway	Las Vegas, NV 89109	V/D	Donn M. Fuller	3528 Maryland Parkway	Las Vegas, NV 89109	V/D	Peter Johnson	3528 Maryland Parkway	Las Vegas, NV 89109	V/S	Howard Garfield	3528 Maryland Parkway	Las Vegas, NV 89109								

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Garfield

2/13/96

214-980-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)