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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000011767 (7) **DOCUMENT #**

THE FARMERS MARKET MALL, INC.

Principal Place	of Business	Mairing Address					
	IGRESS AVENUE ACH FL 33406	1200 S. CONGRESS W. PALM BEACH FL	-				
					3. Date incorporated or Qualified 02/09/1995	3a. Date of L	ast Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	- ~	Applied For
21		26			65-054217	71	Not Applicable
Suite Apt. #, etc.		Suite, Apt. #. etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required			
Oity & State	:	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	Country	Zgr	Cour	itry	8. This corporation has liability for i		nder's 199.032,
24	25	29	30		/3	□ No	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Age	<u>nt</u>
				81 Name			
Liberti,	, HUGO			82 Street Ad	Idress (P.O. Box Number is Not Acceptate	He)	
1200 S.	CONGRESS AVENUE		ļ	0.100.71			
W. PALI	M BEACH FL 33406			83			
				24 ():			35 Zip Code
				84 City		FL ∣°	Zip Code
familiar v/1 SIGNATURE	ed agent, or both, in the State of Flori th, and accept the obligations of Seol Signatur, special publishment approvals.	tion 607,0505, Florida Statut	es		orard of directors. Thereby accept the app	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
Tille	PTD	DELETE	1 Til	LF	M	□ c	hange 🔯 Addition
NAM:	PAOLERCIO, ANTHONY		1.2 NA	VE	LIBERTI, HUGO		
STREET ADDRESS	4545 BOSTON POST ROAD		1351	REEL ADDRESS	3650 Edgar Ave.		
CIN-ST-ZiP	PELHAM MANOR NY 11040		1401	Y-S1-ZIF	Boynton Beach, F1 334		
THE	VSD	☐ DELETE	2 1 10	LF		□ c	Change
NAME	PAOLERCIO, MICHAEL		2.2 NA	AME			
STREET ACCURESS	369 EVANSDALE ROAD		23.51	REEL ADDRESS			
CITS ST ZIP	SCARSDALE NY 10583		2.4 CI	Y - S* - ZIF			
Till_E		□ DELFTE	3 1 11	it F		— c	Change 🔲 Addition
NºME			3.2 NA	ML			
STREET ADDRESS	1		33 81	REET ACORESS			
City \$1-2#			3.4.00	ly - ST - ZIP			
7014.5		DELETE	4 1 1	ILE			Change 🔲 Addition
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 SI	REST ADDRESS			
C1+-\$1-78			4.4.01	IY-ST ZIP			
TITLE		DECETE	5 ' Tı	'LF			Change
NAME			5.2 NA	ME			
STRUET ADDRESS			5.3.51	REET ADDRESS			
Off St Ziff			1	TY - ST - ZIP			
Total		DELETE	6 1 79				Change 🔲 Addition
NAV:			6 2 NA				
STREET ADDRESS				REET ADDRESS			
arm.r Mc. 6000	T. Control of the Con		0.3.31				

14. Lob 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 path; 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 charged, or on substantinent with an address.

6 4 CITY - ST - ZIF

SIGNATURE:

00h St 20h

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR