

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S00049 (4)

1. Corporation Name
MANUFACTURER'S MALL OF OCALA, INC.

Principal Place of Business Mailing Address
C/O KONOVER & ASSOCIATES SOUTH INC
7000 W PALMETTO PK RD #408
BOCA RATON FL 33433 C/O KONOVER & ASSOCIATES SOUTH INC
7000 W PALMETTO PK RD #408
BOCA RATON FL 33433-3430

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
09/12/1990 05/01/1996
4. FEI Number Applied For
65-0235651 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ASHENFELTER, MARIA S.
7000 W PALMETTO PK RD
SUITE 408
BOCA RATON FL 33433
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 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 required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME KONOVER, SIMON
STREET ADDRESS % 7000 W PALMETTO PK RD
CITY-ST-ZIP BOCA RATON FL
TITLE D ☐ DELETE 1.2 NAME
NAME ROSEN, JONATHAN P.
STREET ADDRESS 40 E 69 ST
CITY-ST-ZIP NEW YORK NY
TITLE O ☐ DELETE 1.3 STREET ADDRESS
NAME STEINMARK, FRED
STREET ADDRESS 3757 N.W. 52ND STREET
CITY-ST-ZIP BOCA RATON FL
TITLE O ☐ DELETE 1.4 CITY-ST-ZIP
NAME ASHENFELTER, MARIA
STREET ADDRESS 7400 SW 13TH ST
CITY-ST-ZIP N LAUDERDALE FL
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 [Signature] DATE [Date]

FILED
May 06 1997 8:00am
Secretary of State



CR2E034 (9/96)