

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S98242

(8)

95 FEB -7 PM 4:21

1. Corporation Name

SALT SPRINGS CENTER ASSOCIATES, INC.

Principal Place of Business

2644 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

Mailing Address

2644 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1991

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0297551

Applied For

Not Applicable

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

26 Zip

Country

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, RAYMOND L
2644 E OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE FL 33306

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MURPHY, RAYMOND
STREET ADDRESS 2644 E OAKLAND PK BLVD
CITY- ST- ZIP FT. LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE P
NAME NELLIS, WILLIAM R
STREET ADDRESS 2644 E OAKLAND PK BLVD
CITY- ST- ZIP FT. LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE V
NAME BOYLES JR, OTTIS
STREET ADDRESS 2644 E OAKLAND PK BLVD
CITY- ST- ZIP FT. LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VST
NAME MURPHY, RAYMOND
STREET ADDRESS 2644 E OAKLAND PK BLVD
CITY- ST- ZIP FT. LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplied until annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. What I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if change, or change in appointment with an address.

SIGNATURE:

Raymond L. Murphy

RAYMOND L. MURPHY

1/9/95

305-566-8302

PRINT NAME AND TYPE ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Telephone Number