


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90160 046 \*\*\*150.00

0157369

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 184429**

1. Corporation Name  
**MALULANI CORPORATION**



Principal Place of Business 1398 S. OCEAN BLVD. POMPANO BEACH FL 33062	Mailing Address 1398 S. OCEAN BLVD. POMPANO BEACH FL 33062
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/08/1955</b>	4. FEI Number <b>59-0917851</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>TRZOP, STANLEY</b> 1398 S OCEAN BLVD POMPANO BEACH FL 33062	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Stanley Trzop Pres.* DATE **Mar 31/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRZOP, STAN	1.2 NAME	
STREET ADDRESS	1398 S OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTH, RUTH (MRS)	2.2 NAME	
STREET ADDRESS	1398 S OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, MRS. M.	3.2 NAME	
STREET ADDRESS	1398 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGHE, ROBERT	4.2 NAME	
STREET ADDRESS	1398 S OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTOSKO, SONIA	5.2 NAME	D ANTOSKO, HENRY
STREET ADDRESS	1398 S OCEAN BLUE	5.3 STREET ADDRESS	1398 S. Ocean Blvd
CITY-ST-ZIP	POMPANO BEACH, FL 00000	5.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Stanley Trzop* DATE: **Mar 31/99** 954941-7248  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2F034 (11/98)