

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P94000019821 (5)**
 1. Corporation Name
MALVAI, INC.



Principal Place of Business: **% 505 S FLAGLER DR STE 800 W PALM BEACH FL 33401**

Mailing Address: **% 505 S FLAGLER DR STE 800 W PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1994

2. Principal Place of Business: **P.O. Box 2651**

2a. Mailing Address: **P.O. Box 2651**

22. Suite, Apt. #, etc.

23. City & State: **Ponte Vedra, FL**

24. Zip: **32004** 25. Country: **USA**

27. Suite, Apt. #, etc.

28. City & State: **Ponte Vedra, FL**

29. Zip: **32004** 30. Country: **USA**

4. FEI Number: **65-0488899 0462090**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WASHINGTON, WILLIAM A
 450 EGRET CIR
 APT 9104
 DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81. Name: **Jennifer Carper**

82. Street Address (P.O. Box, Number is Not Acceptable): **165 Patrick Mill circle**

83.

84. City: **Ponte Vedra Beach FL** 85. Zip Code: **32082**

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: *Jennifer Carper* **Jennifer Carper** 3/22/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WASHINGTON, MALVAI O	
STREET ADDRESS	109 ROYAL LAGOON CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, WILLIAM A	
STREET ADDRESS	450 EGRET CIR #9104	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, CHRISTINE	
STREET ADDRESS	450 EGRET CIR #9104	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Terrri Florio	
1.3 STREET ADDRESS	3699 Sanctuary South	
1.4 CITY-ST-ZIP	Jacksonville Beach FL 32250	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jennifer Carper	
2.3 STREET ADDRESS	165 Patrick Mill circle	
2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Malvaio Washington* **Malvaio Washington** x 3-15-98 x 904-273-2187

CR2E034 (10/97)