

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

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038175 (2)

1. Corporation Name:

MALONE ENTERPRISES, INC.



Principal Place of Business:

**128 LEA AVENUE
LONGWOOD FL 32750**

Mailing Address:

**128 LEA AVENUE
LONGWOOD FL 32750**

2. Principal Place of Business:

21

State, Apt. #, etc.

22

City & State:

23

Zip:

Country:

24

9. Name and Address of Current Registered Agent

**MALONE, ROBYN L
128 LEA AVENUE
LONGWOOD FL 32750**

2a. Mailing Address:

26

State, Apt. #, etc.

27

City & State:

28

Zip:

Country:

29

30

3. Date Incorporated or Qualified:

05/12/1995

3a. Date of Last Report:

4. FEI Number:

59-3315424

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes:

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0603 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 607.0603, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

SIGNATURE:

Robyn L. Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96 407/260-8641
DATE AND PHONE NUMBER

CR2E034 (12/95)