		PORATION WILL BE I						3.	96/1/00
COR ANNU	PROFIT PORATION			FLORIDA DEPAR Sandra B. Secretary	Mort of Sta	ham ete		FILED	0
	1998	#		DIVISION OF C		RATIC	JNS	98 DEC -4 AM II: 07	
DOCUI	n Name	[#] 573070		(0)				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Malka,	INC.							***	
Principal Place		•	_	Address					
10243 BOCA SI BOCA RATON I			10243 BOCA SPRINGS DR BOCA RATON FL 33428				20 107 107 10 20 107		
								DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified	
2. Principal Pi	loss of Busin		20 Mail	line Address				05/22/1978 4. FEI Number Applied For	
21	lace of Busin		2a. Mailing Address 26 POBOX 97090				4. FEI Number Applied For S9-1926878 Not Applicable		
Suite, Apt.	#, etc.	27	e, Apt. #, etc. &ARATO	N F	(A	-	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	e	City	City & State			 _	6. Election Campaign Financing \$5.00 May Be		
Zip	p Country			28 <u> </u>				Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24	25 29				Country 30			Personal Property Tax due June 30. Yes No	
GOL	9. Name DSTEIN, GA	and Address of Curren ARY S	t Registered	Agent		81	Name	10. Name and Address of New Registered Agent	
2325	GREENBR	IER DR.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
DELF	RAY FL 334	45				83			
*						84	City	85 Zip Code	
1. Pursuant	to the provisi	ons of sections 607.0502	2 and 607.15	08. Florida Statutes	the at	bove-n	amed como	FLII '	
office or i	registered ag am familiar w	ent, or both, in the State th, and accept the obliga	of Florida, S itions of, sec	uch change was au tion 607.0505, Flor	thorize ida Sta	ed by ti stutes.	he corporati	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed	or printed name of registered agen	t and litte If applic	able. (NÓT	È. Regist	ered Age	ant signature requ	uired when reinstating) DATE	_
12. TITLE	PT	OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2/3R
NAME		IN, GARY S		L DELETE		AME		L Change Addition	<u>\$</u>
STREET ADDRESS		ENBRIER DR				1.3 STREET ADDRESS			CR2E034 (5/98)
CITY-ST-ZIP	DELRAY FL 33445_ VS			DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		1 COOCO 2 7 2 Milled 2 Addition 1	Ċ
NAME	GOLDSTE		2.2 NAI		Ì	1000027070@1-~~ (-12/09/98-01032-025			
STREET ADDRESS CITY-ST-ZIP	DELRAY F	enbrier dr. L 33445				TREET AL		****150.00 ****150.00	
TITLE				DELETE	3.1 TI			Change Addition	
NAME STREET ADDRESS					3.2 N/ 3.3 S1	ame Treet ac	ODRESS		
CITY-ST-ZIP					_	1TY-\$T-Z	iP		
TITLE NAME				DELETE	4.1 TS			Change Addition	
STREET ADDRESS					4.3 ST	TREET AL	DORESS		
CITY-ST-ZIP TITLE				DELETE	4.4 CI 5.1 TI	ITY-ST-ZI ITLE	IP .	Change Addition	
NAME					5.2 N			2 5.5.35	
STREET ADDRESS CITY-ST-ZIP					8	TREET AL ITY-ST-ZI	ľ		
TITLE				DELETE	6.1 TI	ITLE		Change Addition	
NAME STREET ADDRESS					6.2 N/ 6.3 ST	AME TREET AC	ODRESS .	7 . 1 10-	
CITY-ST-ZIP					6,4 CI	ITY-ST-ZI	IP	12 12 14 148	
indicated o	in this annual	report or sumplemental :	annual ropor	Lis true and accura	te and	that m	ny signature	tion 119.07(3)(I), Florida Statules. I further certify that the information shall have the same legal effect as if made under oath; that I am suited by Chanter 607. Elorida Statutes: and that my name appears	
in Block 12	or Block 13	if changed, of on an atta	chment with	an address:	SACCUL	- u IIS F	eport as 180	quired by Chapter 607, Florida Statutes; and that my name appears	

SIGNATURE:

DEEmber 3 1998

To whomit may concern:

Du to the fact the Post Office had not forwarded our mail to the new address - I did not get the notice of filing until a few days Aso.

Alase visione su late pres - think you for your cooperation.

Gary Goldsten / MACKA Dr.