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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90065 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 573070

1. Corporation Name
MALKA, INC.

Principal Place of Business

10243 BOCA SPRINGS DR
BOCA RATON FL 33428

Mailing Address

P.O. BOX 970901
BOCA RATON FL 33497

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1978

4. FEI Number

59-1926878

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 970901

26 Suite, Apt. #, etc.

22 Boca Raton 97090

27 City & State

23 Fla

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

GOLDSTEIN, GARY S
2325 GREENBRIER DR.
DELRAY FL 33445

10. Name and Address of New Registered Agent

81 Name Gary Goldstein
82 Street Address (P.O. Box Number is Not Acceptable)
10243 Boca Springs Dr
83 Boca Raton Fla 33428
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME GOLDSTEIN, GARY S
STREET ADDRESS 2325 GREENBRIER DR.
CITY-ST-ZIP DELRAY FL 33445
☒ DELETE

TITLE VT
NAME GOLDSTEIN, BARBARA L
STREET ADDRESS 2325 GREENBRIER DR.
CITY-ST-ZIP DELRAY FL 33445
☐ DELETE

TITLE Sec
NAME Gary Goldstein
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Mildred Goldstein
1.3 STREET ADDRESS P.O. Box 970901
1.4 CITY-ST-ZIP Boca Raton Florida 33497
☐ Change ☒ Addition 5070 show

2.1 TITLE VT
2.2 NAME Barbara Goldstein
2.3 STREET ADDRESS P.O. Box 970901
2.4 CITY-ST-ZIP Boca 33497
☒ Change ☐ Addition 502 show

3.1 TITLE S
3.2 NAME Gary Goldstein
3.3 STREET ADDRESS P.O. Box 970901
3.4 CITY-ST-ZIP Boca Raton 33497
☐ Change ☒ Addition

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Daytime Phone #

CR2E034 (1/1/98)