

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 28 PM 12:32

1. Name of Limited Partnership

1a. DOCUMENT #
A17462

MALCO, LTD.



Mailing Address

% VOVA
6782 VILLAS DR.
BOCA RATON FL 33433

Principal Office Address

% VOVA
6782 VILLAS DR.
BOCA RATON FL 33433

3. Date Formed or Registered

07/17/1984

5a. Capital Contributions as
Shown on record

\$2,184,237.99

3a. Date of Last Report

10/10/1995

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FL ORIDA
to date

304684

2. Mailing Address c/o Kaplan
8005 S.W. 47th Court

2a. Principal Office Address
8005 S.W. 47th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip Country

32608

Zip Country

32608

6. FEI Number

59-2426599

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**VOVA, LEONARD
6782 VILLAS DR.
BOCA RATON FL 33433**

10. If changed, new Registered Agent/Office

Name
David Kaplan

Street Address (P.O. Box Number Is Not Acceptable)

8005 S.W. 47th Court

Suite, Apt. #, etc.

City

Gainesville

FL

Zip Code

32608

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

David Kaplan

DATE **Oct. 7, 1996**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

KAPLAN, DAVID

VOVA, LEONARD

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

8005 S.W. 47TH CT.

6782 VILLAS DRIVE

11b. City, State & Zip Code

GAINESVILLE FL

BOCA RATON FL

11c. Registration/
Document Number

**400001998054--0
-10/31/96--01111--001
****576.25 ****576.25**

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee, empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

David Kaplan

DATE

**Oct 7, 1996
(352) 336-4833**

Typed or Printed Name of General Partner Signing Form

DAVID KAPLAN

Daytime Telephone Number