

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F71648 (2)			
1. Corporation Name MALCOLM, INC.			
Principal Place of Business 1659 S.E. 8TH STREET FORT LAUDERDALE FL 33316		Mailing Address 1659 S.E. 8TH STREET FORT LAUDERDALE FL 33316	
2. Principal Place of Business 21 2050 Sweetbay Way Suite, Apt. #, etc. 22 City & State 23 Hollywood FL Zip 24 33019 Country 25 U.S.A.		2a. Mailing Address 26 P.O. Box 21367 Suite, Apt. #, etc. 27 City & State 28 Ft Lauderdale FL Zip 29 33335 Country 30 U.S.A.	
3. Date Incorporated or Qualified 03/01/1982		4. FEI Number 59-2165213 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVE., STE. 1100 FORT LAUDERDALE FL 33301			
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's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	ST	1.1 TITLE	ST
NAME	MALCOLM, RICHARD	1.2 NAME	MALCOLM, RICHARD
STREET ADDRESS	1659 S.E. 8TH STREET	1.3 STREET ADDRESS	2050 SWEETBAY WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	HOOLYWOOD, FL 33019
TITLE	PD	2.1 TITLE	PD
NAME	MALCOLM, RICHARD	2.2 NAME	MALCOLM, RICHARD
STREET ADDRESS	1659 S.E. 8TH STREET	2.3 STREET ADDRESS	2050 SWEETBAY WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	HOOLYWOOD, FL 33019
TITLE	D	3.1 TITLE	D
NAME	MALCOLM, AMANDA	3.2 NAME	MALCOLM, AMANDA
STREET ADDRESS	1659 SE 8 STREET	3.3 STREET ADDRESS	2050 SWEETBAY WAY
CITY-ST-ZIP	FT LAUD FL	3.4 CITY-ST-ZIP	HOOLYWOOD, FL 33019
TITLE	D	4.1 TITLE	D
NAME	MALCOLM, AMANDA	4.2 NAME	MALCOLM, JAMES
STREET ADDRESS	1659 SE 8 STREET	4.3 STREET ADDRESS	2050 SWEETBAY WAY
CITY-ST-ZIP	FT LAUD FL	4.4 CITY-ST-ZIP	HOOLYWOOD, FL 33019
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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: RICHARD MALCOLM 4/20/98 904-929-1443