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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **F85541**

(3)

MALCO	DLM CONSTRUCTION, INC								
Principal Place of Business Mailing Address 8030 WOODSMUIR DR. PALM BCH GARDENS FL 33142 PALM BCH GARDENS FL 33									
						3. Date Incorporated or Qualified 06/10/1982	3a. Date	of Last F 14/17/1	Report 1 995
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26	26			59-2211522			Not Applicable
Suite. Apt. #,	etc	Suite, Apl. #, etc.			5. Certificate of Status Desired \$8.75 Additional			-	
22		27			Fee Required				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be added to Fees				
23		28	Coup	ito:		8. This corporation has liability for	ntanoible ta		
_	Zip Country		Zip Country 30				□ No		
24	25 25 9. Name and Address of Curren	29 It Registered Agent	- 1361 T			10. Name and Address of New F	egistered	Agent	
	g. Hame and Addition of			81	Name			72.00	
MALCOLM, RICHARD A.				82	Ctrool Addr	ress (P.O. Box Number is Not Acceptat	ile)		
8030 WOODSMUIR DR.			1	02	Street Addr	38 (P.O. Box Nutriper is Not Acceptable)			
	CH GARDENS FL 33142		[83					
• • • • • • • • • • • • • • • • • • • •			-	84	City			85	Zip Code
			ľ	- 1		ration submits this statement for the pure	FL	, []	
SIGNATURE	Signalize syped or proted name of registeros with					ration submits this statement for the purified of directors. Thereby accept the approximation of the statement of the purification of the purifica	DATE		
TITLE	D	☐ DELETE	1 1 TI!	ILE.				Change	Addition
NAME	MALCOLM, LU		1.2 NA	NAME					
STREET ADDRESS	8030 WOODSMUIR DR.			1.3 STREET ADDRESS					
CHTY-ST-ZIP	PALM BCH GARDENS FL		1.4 CII	Y - S	T - ZIP			7.0	. D. Markins
TITLE	P	☐ DELETE	2 1 11	2 1 TIFLE				Chang	e 🔲 Addition
NAME	MALCOLM, RICHARD A.		2 2 NA						
STREET ADDRESS	8030 WOODSMUIR DR.				ADDRESS				
City - ST - ZIP	PALM BCH GARDENS FL	FIDELLI		24 CITY - \$1-7IP				Chang	e Addition
TITLE		☐ DELETE	3 1 II 3 2 NA						
NAME					1 ADORESS				
STREET ADDRESS			340						
CITY - ST - ZIP		[] DELETE	4 1 Ti		11 · £11			Chang	e 🔲 Addition
TITLE			4.2 NA						
NAME CERT ADDRESS					ADDRESS				
STREET ADDRESS			4400						
CITY-ST-ZIP TITLE				5 1 TITLE				Chang	e 🔲 Addition
NAME			5 2 NA	AME.					
STREET ADDRESS			5.3.51	HEEF	ADDRESS				
CITY-ST-ZIP			540	TY - S	ST - ZIP			<u> </u>	. [] kada :-
TITLE			6.11	IT, E				☐ Chang	ge 🔲 Addit on
NAME			62 N	AME					
STREET ADDRESS					LADDRESS				
CITY - ST - ZIP			640	iTγ - \$	SI-ZP	for the exemption stated in Section 11	9 07/31/k\ F	orida Sta	atutes I further
4.4 Lete horos	w codify that the information supplier	t with this filma is voluntarily f	urnished and	do€	is not qualify	польне ехентрион заагеа иг авсаот: т г	σιστισμής, Ε	white ord	

I. 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), Fiorida 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MULTIPLE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR