


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90278 042 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000005593					
1. Corporation Name MALONE MORTGAGE COMPANY					
Principal Place of Business 8214 WESTCHESTER DR., STE. 606 DALLAS TX 75225			Mailing Address 8214 WESTCHESTER DR., STE. 606 DALLAS TX 75225		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1994	
21		26		4. FEI Number 75-2269657	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24		29		30	
Country		Country			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 S. PINE AVE. PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <input type="checkbox"/> DELETE					
NAME <input type="checkbox"/> DELETE					
STREET ADDRESS <input type="checkbox"/> DELETE					
CITY-ST-ZIP <input type="checkbox"/> DELETE					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: Bernard P. Malone Bernard P. Malone, President

214-696-0386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)