FINE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CITY-ST-ZIP

FILED PROFIT May 09 1997 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # J04714 (8) MALKUS, INC. Principal Place of Business Mailing Address 2801 E. NEW YORK AVE 2801 E. NEW YORK AVE DELAND FL 32720 **DELAND FL 32724-6403** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1986 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2638377 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 XX Yes 29 30 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MALKUS, CHARLES J. % QUALITY INN 82 Street Address (P.O. Box Number is Not Acceptable) 2801 E. NEW YORK AVENUE 83 DELAND FL 32724 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE X Change 1.1 TITLE Addition NAME MALKUS, CHARLES J. 1.2 NAME 931 TUSCAWILLA TRAIL STREET ADDRESS 2801 E. New York Avenue 1.3 STREET ADDRESS WINTER SPRINGS FL Deland Florida 32724 CITY-ST-ZIF 1,4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE MALKUS, JUDITH M. NAME 22 NAME 2801 E. New York Avenue STREET ADDRESS 931 TUSCAWILLA TRAIL 2.3 STREET ADDRESS WINTER SPRINGS FL Deland, Florida 32724 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change 3111116 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHY-S1-ZIP DELETE TITLE Change Addition 4 1 TIME NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.P NAME STREET ADDRESS **5.B STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELFTE TITLE 6.1 TITLE ___ Addition NAME 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS

6.4 CITY - S1 - ZIP 14. I do 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 genual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of incorporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name