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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 29 1998 8:00am Secretary of State

DOCUMENT # KQレなフレ 1. Corporation Name				
MALACHITE SERVICES CORPORATION				
Frincipal riade of publicas Maring Address				
26 SEA MARSH RD. 26 SEA MARSH RD. 26 SEA MARSH RD. AMELIA ISLAND FL 32034				
		AMEDIA TODATO TE GEOG	•	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				6/10/1988
2. Principal Place of Business 2a, Mailing Address				4, FEI Number Applied For
21 28 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-2895722 Not Applicable
22 27 Suite, Apr. #, 8tc.			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 5. Section 6.	
City & State City & State		•	8. Election Campaign Financing \$5.00 May Be	
23	,	28		Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country	a. This corporation owes or has paid the current year intangible
24 25 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
TODD, WILLIAM M. 81 Name				
	26 SEA MARSH ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)
AMELIA ISLAND FL 32034				Rodress (P.O. Box Number is Not Acceptable)
Ì			83	
1		•	84 City	E 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				
			Registered Agent signature	
12.	OFFICERS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	TODD, WILLIAM M		1.2 NAME	
STREET ADDRES	OS CEA MADOU DO	•	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADORES	ς .		2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	1
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	' ', ·
STREET ADDRES	s		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME		C) OFFER	4.1 TITLE	Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	\$.1 TITLE	☐ Change ☐ Addition
NAME		-	5.2 NAME	
STREET ADORES!	s		5.3 STREET ADDRESS	
CITY-ST-ZIP	<u></u>		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			B.2 HAME	700002544287
STREET ADDRESS	S		8.8 STREET ADORESS	-06/02/9801031038
CITY - 57 - 710	i		4 4 6/75/ 67 7/6	**************************************

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.