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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # |

SIGNATURE:

K61863

(2)

## **MALMIRRER CORPORATION**

Principal Place of Business  Shinchard M. MALCY B301 S.W. 143 AVE MIAMI FL 33183  2. Principal Place of Business  21  Suite, Apt. #. etc.		Mailing Address  ** RICHARD M. MALCY 8301 S.W. 143 AVE MIAMI FL 33183-3836  2a. Mailing Address 26  Suite, Apt. #, etc.			3. Date Incorporated or Qualified 01/30/1989 05/01/1996 05/01/1996 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
22		27 City & Ctata					Fee	Required	
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	Country	·		8. This corporation has liability for	Intangible tax under		
24	25		30			1	Yes No		
	9. Name and Address of Curre	ent Hegistered Agent	81	Nan	ne	10. Name and Address of New Re	distatan Water		
	.CY, RICHARD M.		82			.,			
	1 S.W. 143 AVE			Stre	et Addre	dress (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 33183		83				······································		
			-				Tail 3:	- 0-4-	
			84	City			FL	p Code	
SIGNATURE .	Signature, typed or printed name of registered a					oration submits this statement for the parts board of directors. I hereby acceluded when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE		
12.		DELETE	1.1 TITLE		<del></del>	ADDITIONS/CHANGES TO OFFIC	Chang		
NAME STREET ADORESS CITY-ST-ZIF	DPT MALCY, RICHARD M. 8301 S.W. 143 AVE MIAMI FL	_ veen	1.2 NAME 1.3 STREET 1.4 CITY - S		ss		Luci Orang		
TITLE			2.1 TITLE	2.1 TITLE			Chang	e 🔲 Addition	
NAME	MALCY, SUSAN H.		2.2 NAME						
STREET ADORESS	8301 S.W. 143 AVE	•	2.3 STREET ADDRESS		ss				
CITY-S1-ZIP	PHYSICA - I - Programmer - Prog			2.4 CITY-ST-ZIP			[ [ ()	e Addition	
TITLE		DELETE		3.1 TITLE			Chang	e L Addition	
NAMÉ CIACCI ADIDOCCO			3.2 NAME 3.3 STREET ADDRESS		00				
STREET ADDRESS  DITY-ST-ZIP			3.4. CITY - ST - ZIP		~	•			
THLE			4.1 TITLE	or CH			☐ Chang	e 🔲 Addition	
NAME			4. 2 NAME				_		
STREET ADDRESS			43 STREET	ADDRE	ss				
CITY - ST - ZIF			4.4 GITY - S	T-ZIP					
HTLE		☐ DELETE	5.1 TITLE		]		Chang	e 🔲 Addition	
NAME			52 NAME						
STREET ADDRESS			5.3 STREET	ADORE	ss				
CITY-\$1-ZIP			5.4 CITY - 9	T-ZIP		,		i i i i i i i i i i i i i i i i i i i	
THEE		DELETE	6.1 TITLE				Chang	e Addition	
NAME			6.2 NAME		_				
STREET ADDRESS			6.3 STREET		SS				
CITY-ST-7IP	by codify that the information stand	ind with this filing does not evalid	6.4 City-S		n eteted	in Section 119 07(3)(i) Florida Statute	es I further certify th	net the	
informatio I am an of appears in	in indicated on this annual poort of flicer or director of the corporation in Block 12 or Block 13 if managed,	r supplemental annual report is truor the receiver or mustee and a discharge with an additional annual report is truor to the receiver or mustee and a discharge with an additional annual receivers and a discharge with an additional receivers and a discharge with an additional receivers and a discharge with a di	e and acci ered to exec	urate :	and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same leg as required by Chapter 607, Florida	al effect as if made Statutes; and that m	under oath; that ly name	