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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L24594**

(8)

1. Corporation Name
MALLOY & MALLOY, P.A.

Principal Place of Business	Mailing Address
2 SOUTH BISCAYNE BLVD STE 3760 MIAMI FL 33131	2 SOUTH BISCAYNE BLVD STE 3760 MIAMI FL 33131-1803

3. Date Incorporated or Qualified: **10/23/1989**	3a. Date of Last Report: **04/15/1996**
4. FEI Number: **65-0150217**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21 2800 S.W. 3 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami FLORIDA
Zip
24 33129
Country
25 USA

2a. Mailing Address
26 2800 S.W. 3 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip
29 33129
Country
30 USA

9. Name and Address of Current Registered Agent

MALLOY, JENNIE S.
2 SOUTH BISCAYNE BLVD #3760
MIAMI FL FL 33131

10. Name and Address of New Registered Agent

81 Name: Malloy, Jennie S.
82 Street Address (P.O. Box Number is Not Acceptable): 2800 S.W. 3 Avenue
83
84 City: Miami FL 85 Zip Code: 33129

11. Pursuant to the provisions of Sections 607.0502 or 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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jennie Malloy, Pres. DATE: 3/14/97
(NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALLOY, JENNIE S 2 S. BISCAYNE BLVD. #3760 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MALLOY, JOHN C 2 S. BISCAYNE BLVD. #3760 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Malloy, Jennie S. 2800 S.W. 3 Avenue Miami Florida 33129	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD Malloy, John C. 2800 S.W. 3 Avenue Miami FL 33129	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: Jennie Malloy, Pres. 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172888