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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M44954

1. Corporation Name

M.A.L.G.P., INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90020 004 ***150.00



Principal Place of	Business	Mailing Address				
5270 LINTON BLVD		5270 LINTON BLVD		THE SPACE		
DELRAY BEACH FL 33484-6518		DELRAY BEACH FL 33484-6518		DO NOT WRITE IN THIS SPACE		
U\$		US		3. Date Incorporated or Qualifed		
				01/16/1987		
-		A BALIN - Addrogo		4. FEI Number		ed For
2. Principal Plac	e of Business	2a. Mailing Address		59-2767518		ppiloca.io
21	·	26			\$8.75 Add	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requ	ired
22		27		6. Election Campaign Financing	\$5.00 M	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to	Fees
23		28	Country	8. This corporation owes the current y	ear Intangible	_
Zip	Country	Zip	¬ · · · · ·	Personal Property Tax.	⊔ <u>tes</u> ∟	No
-	25	23	30	10. Name and Address of New Regis	tered Agent	
24	9. Name and Address of C	urrent Registered Agent	81 Name	10. 110	•	
	143				<u> </u>	
LINDE	n, marc a.	•	82 Street Add	Iress (P.O. Box Number is Not Acceptable)		. y
MA 5270	LINTON BLVD			1	11 313 12 22 22 24 34 14	4 4 19
DEL B	AY BEACH FL 33484		83		(; 315; 126; <u> </u>
	A) DECEMBER		84 City	3 8 10 V F 1 2 3 V F	85 Zip C	ode
	•		1-1		FL	ogistared
پهرها خواه ويووون		= 0500 4 607 1508 Florida Statute	s, the above-named cor	rporation submits this statement for the purporation	e appointment as reg	istered
.11. Pursuant to	the provisions of Sections of	State of Florida. Such change was au	thorized by the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept th	• •	
l office or re	gistered agent, or both, in the	State of Florida. Such change was at obligations of, Section 607.0505, Flor	ida Statutes.			_
HS agent Lan	n familiar with, and accept the					
iss agentiran	Iditilital Vital) Cite Size				DATE	
iss agentiran	Signature typed or printed name of register	ared agent and title if applicable. (NOTE	Registered Agent signature requi		DATE ERS AND DIRECTO	RS IN 12
SIGNATURE	Signature typed or printed name of register	ared agent and title if epplicable. (NOTE:	Registered Agent signature requi	and when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	RS IN 12
SIGNATURE _	Signature typed or printed name of register	ared agent and title if applicable. (NOTE	Registered Agent signature requi		DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registe OFFICE	ared agent and title if epplicable. (NOTE:	Registered Agent signature requi	and when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registe OFFICEI P LINDEN, MARC A.	ared agent and title if epplicable. (NOTE:	Registered Agent signature requi	and when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P LINDEN, MARC A. 5270 LINTON BLVD	ared agent and title if epplicable. (NOTE:	Registered Agent signature requi	and when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICEI P LINDEN, MARC A.	ared agent and title if epplicable. (NOTE:	Registered Agent signature requi 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	and when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	
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this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the information in the first same legal effect as if made under oath; that I am an in or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the first same appears in the first same appears. hereby certify that the information supplied with the indicated on this annual report or supplemental an officer or director of the corporation of the receyer Block 12 or Block 13 if changed, or an attachm.

SIGNATURE: