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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M50455

(8)

MALCOLM H. KAHL, P.A.

Principal Place of Business Mailing Address

C/O MALCOLM H. KAHL 2929 E. COMMERCIAL BLVD., SUITE 702 FT. LAUDERDALE FL 33308

C/O MALCOLM H. KAHL 2929 E. COMMERCIAL BLVD., SUITE 702 FT. LAUDERDALE FL 33308



3. Date incorporated or Qualified 3a. Date of Last Report

						04/16/1987	01	/17/199	7 5
, Fv-ncipat Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2318177		→	Applied For Not Applicable
Sute, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	:	City & State				Election Campaign Financing Trust Fund Contribution		•	May Be I to Fees
Zip 	Country 25	Ζφ 29	Соиг 30	ntry		This corporation has liability for Florida Statutes	intangible ta:	k under s	199.032,
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New F	legistered A	gent	
PAUL B	MALCOLM H.			81	Name				
2929 E.	COMMERCIAL BLVD.				Street Addre	ss (P.O. Box Number is Not Acceptab	ole)		
SUITE 7	702 IDERDALE FL 33308			63			·		
FI. DAU	IDENDALE FL 33300			84	City		FI	85 Zıp	Code
famisar wi IGNATURE _	th, and accept the obligations of S	ection 607.0505, Florida Statut ,!	(NOTE: Registered.			d of directors. I hereby accept the app	DATE		agont ram
!.	- OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	R\$ IN 12
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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: MALCHE MAND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR H. KANI, Prompts 1/11/96