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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005485 (5)

1. Corporation Name

MALABAR DANES, INC.



Principal Place of Business

Mailing Address

2300 HALL ROAD
MALABAR FL 32950

2300 HALL ROAD
MALABAR FL 32950-7011

3. Date Incorporated or Qualified
10/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, WILLIAM A
6767 NORTH WICKHAM ROAD
SUITE 400F
MELBOURNE FL 32940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RANDALL, P. GEORGE	
STREET ADDRESS	2300 HALL ROAD	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, GARY	
STREET ADDRESS	2300 HALL ROAD	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WHIPP, ANGIE	
STREET ADDRESS	2300 HALL ROAD	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pamela G Randall	
1.3 STREET ADDRESS	2300 HALL Rd	
1.4 CITY-ST-ZIP	MALABAR, FL 32950	
2.1 TITLE	VICE-PRESIDENT, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARY GARDNER	
2.3 STREET ADDRESS	2300 HALL Rd	
2.4 CITY-ST-ZIP	MALABAR, FL 32950	
3.1 TITLE	SECRETARY & TREASURER, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANGIE WHIPP	
3.3 STREET ADDRESS	116 BUTLER ST	
3.4 CITY-ST-ZIP	WINDERMERE, FL 34786	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela G Randall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/6/97
Daytime Phone #: 407-724-1612
0019922

CR2E037 (9/96)