

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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90 MAY -1 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE J. B. KIRK Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002824 (0)

1. Corporation Name:
MALCOLM ENTERPRISES, INC.

Principal Place of Business 4784 DANDELION DR ORLANDO FL 32818-1771 US	Mailing Address P. O. BOX 641489 ORLANDO FL 32868-1489 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	26. Mailing Address 26	3. Date incorporated or qualified 11/02/1992	3a. Date of Last Report 05/01/1994
22. State and City 22	27. State and City 27	4. FEI Number 59-3148952	Applied For Not Application
23. City & State 23	28. City & State 28	5. Certificate of Status (Name) ☐	\$8.75 Additional Fee Required
24. Zip 24	29. Zip 29	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25. Zip 25	30. Zip 30	8. This corporation has liability for intangible tax under s. 199.04, Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent MALCOLM, KIRK M 4784 DANDELION DRIVE ORLANDO FL 32818-1771		10. Name and Address of New Registered Agent	
		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 607.04(2) and 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 accept the obligations of Section 607.04(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	NAME	2. NAME	
STREET ADDRESS	STREET ADDRESS	3. STREET ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	4. CITY, STATE, ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	NAME	6. NAME	
STREET ADDRESS	STREET ADDRESS	7. STREET ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	8. CITY, STATE, ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	NAME	10. NAME	
STREET ADDRESS	STREET ADDRESS	11. STREET ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	12. CITY, STATE, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	NAME	14. NAME	
STREET ADDRESS	STREET ADDRESS	15. STREET ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	16. CITY, STATE, ZIP	
TITLE	NAME	17. TITLE	☐ Change ☐ Addition
NAME	NAME	18. NAME	
STREET ADDRESS	STREET ADDRESS	19. STREET ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	20. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and correct and that the corporation is in good standing 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 190, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or as an agent, with an address.

SIGNATURE:  **KIRK M. MALCOLM** **5-29-95** **401 249 6447**