

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3148952
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 (21-24) and Mailing Address (2a-30) details including Suite, Apt #, etc, City & State, Zip, and Country.

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 (81-84): MALCOLM, KIRK M, 7713 CASASIA CT, ORLANDO FL 32835

11. Pursuant to the provisions of Sections 607.0502 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 607.0505 Florida Statutes.

SIGNATURE: *Kirk M. Malcolm* PRESIDENT 8-5-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MALCOLM, KIRK	
STREET ADDRESS	4784 DANDELION DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MALCOLM, CRYSTAL	
STREET ADDRESS	4784 DANDELION DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	PRENDERGAST, WINSTON	
STREET ADDRESS	418 BASEWOOD LANE	
CITY-ST-ZIP	ALTAMONTE SPRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MALCOLM, KIRK	
13 STREET ADDRESS	7713 CASASIA CT	
14 CITY-ST-ZIP	ORLANDO FL 32835	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MALCOLM, CRYSTAL	
23 STREET ADDRESS	7713 CASASIA CT	
24 CITY-ST-ZIP	ORLANDO FL 32835	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kirk M. Malcolm* KIRK M MALCOLM 8-5-96 (407) 293-5884

CR2E034 (3/96)