

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020335 (4)

1. Corporation Name

MALCOLM DEVELOPMENT GROUP, INC.



Principal Place of Business

7579 MIRABELLA DR
BOCA RATON FL 33433
US

Mailing Address

7579 MIRABELLA DR
BOCA RATON FL 33433
US

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KOLINS, RONALD K
625 N FLAGLER DR
9TH FLOOR BARNETT CENTRE
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0395251

Applied For

Not Applicable

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

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 607.0502 and 607.1505, 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

Signature typed or printed from a computer tape or disk of the state officer

Signature typed or printed from a computer tape or disk of the state officer

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GROPPER, MALCOLM D
7579 MIRABELLA DR
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GROPPER, SANDRA
7579 MIRABELLA DR
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALCOLM D. GROPPER

407-391-3212

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