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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000072370 (8) **DOCUMENT #**

MALCOLM & MALCOLM, INC.



| Principal Place of Business Mailing Address | | | | | | | | | |
|---|---|--------------------------------------|-----------------------|------|---|--|-----------------------------------|-------------------------------------|--|
| 4150 SOUTHWELL WAY 4150 SOUTHWELL WAY | | | | | | | | | |
| SARASOTA FL 34241 | | Outside the case. | | | 3. Date incorporated or Qualified 10/11/1993 | e of Last Report)4/19/1995 | | | |
| 2. Principal Plac | pe of Business | 2a. Mailing Address | | | 4. FE1 Number 65-0440185 | 1 Number Applied For | | | |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | | | 1 7 7 7 | CN X | | |
| <u></u> | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New F | Registered | Agent | |
| | | | B1 | 1 | Vame | | | | |
| MALCOLM, NORMAN G 4150 SOUTHWELL WAY | | | 82 | ٤ | Street Addre | idress (P.O. Box Number is Not Acceptable) | | | |
| | TA FL 34241 | | 83 | | | | | | |
| J | | | 84 | - | Oity | | F | 85 Zip Code | |
| | | | | 1_ | | ation submits this statement for the po d of directors. I hereby accept the app | | banging its registered office | |
| 12. | Signature, typical or particulation in of assistance Lagor OFFICERS AN | ID DIRECTORS DELETE | 13. 1.1 TITLE | | | ADDITIONS/CHANGES TO OF | HICERS A | ND DIRECTORS IN 12 Change Addition | |
| TITLE | | ☐ DELÉTE | | | | | | C Change C Addition | |
| NAME | MALCOLM, NORMAN G 4150 SOUTHWELL WAY | | 1.2 NAME 1.3 STREE | | angess | | | | |
| STREET ADDRESS | SARASOTA FL 34241 | | 14 CFY- | | 1 | | | | |
| CITY-ST-ZIP TITLE | D | DELETE | 2 1 THE | | | | | Change Addition | |
| NAME | MALCOLM, MCCLAREN J | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 4150 SOUTHWELL WAY | | 2 3 STREE | I AF | DORESS | | | | |
| CITY - ST - ZIP | SARASOTA FL 34241 | F DELLY | 2.4 C:TY- | | ZIP | | | Change Addition | |
| TITLE | | ☐ DELETE | 3 1 TRLE 3 2 NAME | | | | | | |
| NAME | | | 3.3 STRE | | ODRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 3.4 CITY - | | | | | | |
| TITLE | | DE; ETE | 4 1 TITLE | | · - | | | Change Addition | |
| NAME | | | 4.2 NAME | | | | | | |
| STREET ADDRESS | | | 4 3 STRE | | | | | | |
| CITY - ST - ZIP | | - Deign | 4 4 CITY | _ | ZIP | | | Change Addition | |
| THILE | | ☐ DELETE | 5 1 THE | | | | | | |
| NAME | | | 5.2 NAMI 5.3 STRE | | mares | | | | |
| STREET ADDRESS | | | 5 4 CITY | | | | | | |
| DITY-ST-ZIP | | DELETE | 6 1 7111 | | | | | Change Addition | |
| TITLE | | [_] tteere | 62 NAM | | | | | | |
| NAME PERCE ADDRESS | | | | | ADDRESS. | | | | |
| STREET ADDRESS | | | 64 OF V | . c- | . 7i0 | | | | |
| CITY-ST-ZIP | <u> </u> | et west, the filere is well inharity | furnished and do | ากร | not nualify | for the exemption stated in Section 11 | 9.07(3)(k), | Florida Statutes. I further | |

14. I do hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida statutes 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 certify that the information indicated on this annual report 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 a address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 941378044S