FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Placo of Business ##35 SOUTHWELL WAY SAMASOTA FL 34241 GPS J Bay Hill Dr . Bradenton , FL 3 4302 2. Principal Placo of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Placo of Business 2c. Mailing Address 2c. Principal Placo of Business 2c. Principal Placo of Bu	1. Corporation	M & MALCOLM, INC.	0/23/0		 		. 6.8 (1.8 6.8 (1.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6
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City & State 28 State Sta			<u> </u>		5. Certificate of Status Desired	Fee Re	quired
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Zip Country Zip Country Zip Country B. This corporation owns the current year Intenglely Personal Property Tax. "ye No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MALCOLM, NORMAN G. 4159 SQUTHWELL WAY G. 5.5 (Bay Will Dr			28				
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent MALCOLIM, NORMAN G 4150 SQUTHWELL WAY SARASGTA FL 34241 87 SQUARMAN G SES (Bay Hill Dr.) 88 SQUARMAN G SES (Bay Hill Dr.) 89 SQUARMAN G SES (Bay Hill Dr.) 80 SQUARMAN G SES (Bay Hill Dr.) 80 SQUARMAN G SES (Bay Hill Dr.) 80 SQUARMAN G SES (Bay Hill Dr.) 81 Name and Address of New Registered Agent SQUARMAN G SES (Bay Hill Dr.) 82 Street Address (P.O. Box Number is Not Acceptable) 83 SQUARMAN G SQUARMAN		Country		Country	8. This corporation owes the current year In		_
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MALCOLM, NORMAN G 4159-SOUTHWELL-WAY SARASOTA FL 34241 Brade a ton, FC 3 Y 8 0.2 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 3 84 City FL 85 Zip Code 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 807.1502 and 807.0502 and 807.1502 and 807.0502 a		9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
### Addition #### Addition ### Addition #### Addition #### Addition #### Addition ####################################		00111 110511111 0		81 Name		•	
SARASOTA FL 34241 Braden ton, FC 3 Y 8 O 2 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hardby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hardby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hardby accept the appointment as registered agent, or both, in the State of Portode Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 1450-SOUTHWELL WAY ASARASOTA FL 34241 Brade ut for the 2 3/20. 1450-SOUTHWELL WAY ASARASOTA FL 34241 Brade ut for the 2 3/20. 1450-SOUTHWELL-WAY ASARASOTA FL 34241 Braden for 1/2 20. TITLE NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 1470-ST-2P 10. DELETE 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-2P 11TLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-2P 11TLE 24. CITY-ST-2P 11TLE 25. NAME 25. STREET ADDRESS 26. CITY-ST-2P 11TLE 26. Change Addition Additio	MALCOLM, NORMAN G				ress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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, signatures. SIGNATURE SIG	4150 SOUTHWELL WAT 6 83 (Day MICON ,					<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.0502. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.0502 and 607.0502. Florida Statutes agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12.	—SAR	ASOTA FL 34241 Rock	with El	83			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, finind a 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or protect manner of registered agent and title if applicable. NOTE: Respitation Agent agent agent and state if applicable. NOTE: Respitation Agent agent rendered when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE MALCOLM, NORMAN G 4150-604THWELL WAY Brack out to Malcold Manner agent agent and title if applicable. NOTE: Respitation Agent agent rendered when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12. ITILE DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTITUE MALCOLM, NORMAN G 4150-604THWELL WAY Brack out to Malcold Manner registered agent agent rendered when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ITILE DELETE 11. ITILE DELETE 11. ITILE DELETE 12. ITILE DELETE 22. ITILE DELETE 23. ITILE DELETE 33. ITILE DELETE 34. ITILE		07444	nion , 1 C	84 City		85 Zip (
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	SIGNATURE	Sharehar hand or neeted name of constant agent	and title if anniicable (NOTE: Re	distance Agent signature require	ed when reinstating) DATE		 -
TITLE NAME MALCOLM, NORMAN G STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 Brackeuton FL 3/202 TITLE NAME MALCOLM, MCCLAREN J 6 5 1 Bay Hill D STREET ADDRESS STREET ADDR						ND DIRECTO	RS IN 12
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CITY-\$T-ZIP 14. I 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 of 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 on an attachment with an address, with efforts report as required by Chapter 607.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #

Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90052 033 ***150.00