

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90094 046 ***150.00

0018225

DOCUMENT # P94000019821

1. Corporation Name
MALIVAI, INC.

Principal Place of Business
P O BOX 2651
PONTE VEDRA FL 32004
US

Mailing Address
P O BOX 2651
PONTE VEDRA FL 32004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1994

4. FEI Number

65-0462090

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

CARPER, JENNIFER
165 PATRICK MILL CIR
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name

Jennifer Carper

82 Street Address (P.O. Box Number is Not Acceptable)

5 South Roscoe Blvd

83

84 City

Ponte Vedra Bch

FL

85 Zip Code

32082

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

Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

TITLE STD
NAME FLORIO, TERRI
STREET ADDRESS 3699 SANETVARY SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32250 ☒ DELETE

TITLE VD
NAME CARPER, JENNIFER
STREET ADDRESS 165 PATRICK MILL CIR
CITY-ST-ZIP PONTE VEDRA FL 32082 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☒ Change ☐ Addition
1.2 NAME Florio, Terri
1.3 STREET ADDRESS 3699 Sanctuary Way South
1.4 CITY-ST-ZIP Jacksonville Beach, FL 32250

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME Washington, Malivai
2.3 STREET ADDRESS 5 South Roscoe Blvd
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Carper, Jennifer
3.3 STREET ADDRESS 5 South Roscoe Blvd
3.4 CITY-ST-ZIP Ponte Vedra Bch FL 32082

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)