Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90004 020 \*\*\*150.00

## 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** 

## DOCUMENT # P94000044546

		MAL INCONFORATED				
Principal Place	e of Business	Mailing Address	<del></del>	-{	II <b>mania dika</b> a maaa ma	<b>FIE B</b> III ( <b>FE</b> )
2620 61ST STR	•	2620 61ST STREET E.				
BRADENTON FL		BRADENTON FL 34208		DO NOT MOUTE IN THE	IC CDACE	
				DO NOT WRITE IN THE  3. Date Incorporated or Qualified	IS SPACE	
		<del>-</del>	•	06/15/1994	-,	-
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
21	1800 O. Dadinoso	26		65-0516366	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	Iditional
22	·	27		5. Certificate of Status Desired	Fee Req	uired
City & State	9	City & State		6. Election Campaign Financing	\$5.00 N	
23	· 	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I		JNo
24	25	-v		Personal Property Tax.  10. Name and Address of New Registere		
	9. Name and Address of Current		81 Name			
том	CZAK, J <b>oseph</b> s	NOOR CHANG	TOMOT	AK, JOSEPH S I		
	B COACH HOUSE CIRCLE		92 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	A RATON FL 33486-8612		83	Orac shall - III-		
					1 1 2	
,			84 City AD	ENTON F	L 85 34 2	ode OR
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named corn	pration submits this statement for the nurnose	of changing its re	egistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was aut	inonzed by the corporation	n's board of directors. I hereby accept the app	ointment as regi	istered
agent. i a	m tamiliar with, and accept the obligation	TAACEA	77	4_4_9	79	
SIGNATURE						
JOICHA TORKE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Agent signature required			
12.	Signature, typed or privide name in registered agent a OFFICERS AND	and title if applicable. (NOTE: R	<b>■ 13.</b>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
	Signature, typed or proved name of registered agent a OFFICERS AND	DIRECTORS	<b>■ 13.</b>	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AND	DIRECTORS  DELETE  ADDIL	<b>■ 13.</b>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12. TITLE	PVST OFFICERS AND	DIRECTORS DELETE	13.  1.1 TITLE  1.2 NAME  70	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	AND DIRECTOR	
12. TITLE NAME	PVST TOMCZAK, JOSEPH S II	DIRECTORS  DELETE  ADDR  CHANGE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	☐ Addition
12. TITLE NAME STREET ADDRESS	PVST TOMCZAK, JOSEPH S II 5741-B COACH HOUSE CIRCLE	DIRECTORS  DELETE  ADDIL	13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOMCZAK, JOSEPH S II 5741-B COACH HOUSE CIRCLE	DIRECTORS  DELETE  ADDR  CHANGE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	AND DIRECTOR Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST TOMCZAK, JOSEPH S II 5741-B COACH HOUSE CIRCLE	DIRECTORS  DELETE  ADDR  CHANGE	13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	AND DIRECTOR Change	☐ Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PVST TOMCZAK, JOSEPH S II 5741-B COACH HOUSE CIRCLE BOCA RATON FL	DELETE  A DOR  CHANGE  DELETE  DELETE	13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOMCZAK, JOSEPH S II 5741-B COACH HOUSE CIRCLE BOCA RATON FL	DELETE  A DOR  CHANGE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	Change Change	Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PVST TOMCZAK, JOSEPH S II 5741-B COACH HOUSE CIRCLE BOCA RATON FL	DELETE  A DOR  CHANGE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS.  MCZAK, JOSEPH S-II  STREET EAST	AND DIRECTOR Change Change Change Change	Addition Addition Addition

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

JOSEPARS TOMERAK I

941 750