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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000047348 (5)

MALCOLM ANTHONY, P.A.

Principal Place of Business

Mailing Address

FOUR SAWGRASS VILLAGE PONTE VEDRA BEACH FL 32082

FOUR SAWGRASS VILLAGE PONTE VEDRA BEACH FL 32082



					06/20/1994	04/04/1	•
2. Principal Pk	lace of Business	2a. Mailing Addres	ss		4. FEI Number		Applied For
21		26	26		59-3253629		Not Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, (etc.		5. Certificate of Status Desired	\$8.79	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be
Ζιρ	Country	Zip	· Co	untry	8. This corporation has liability for i	ntangible tax under s	199.032,
24	[25]	[29]	30			□No	
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New R	egistered Agent	
				81 Name			
ANTHONY, MALCOLM FOUR SAWGRASS VILLAGE PONTA VEDRA BEACH FL 32082				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL I	p Code
familiar wit	ed agent, or both, in the State of Fix th, and accept the obligations of, Se Sgraper, types or proved canced regioned by	ection 607.0505, Florida S	utnorzea by the tatutes.	corporation's by	poration submits this statement for the pur pard of directors. I hereby accept the appo	pintment as registered	l agent. I am
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	DATE	SPS IN 12
tirle	PVST	DELET		TITLE	ADDITIONS OF A TOP OF T	☐ Change	Addition
NAME	ANTHONY, MALCOLM	_		NAME		onango	
STREET ADDRESS	FOUR SAWGRASS VILLA	.GF		STREET ADDRESS			
CITY ST-ZIF	PONTE VEDRA BEACH F	-		CITY-ST-ZIP			
TILE	D	DELET		TITLE		☐ Change	Addition
	, -			NAME .		-	
NAME	ANTHONY, MALCOLM		2.71				
	ANTHONY, MALCOLM FOUR SAWGRASS VILLA	.GE		STREET ADDRESS			
	FOUR SAWGRASS VILLA	·· —	239	STREET ADDRESS			
STREET ADDRESS		·· —	235 240	i		☐ Cnange	☐ Addition
STREET ADDRESS CPY ST ZIP THEE	FOUR SAWGRASS VILLA	L 32082	235 240 E 31	STREET ADDRESS CITY+ST-ZIP		Cnange	Addition
STREET ADDRESS COLVEST ZIP TITLE NAME	FOUR SAWGRASS VILLA	L 32082	235 240 E 31	STREET ADORESS CITY-ST-ZIP TITLE	<u> </u>	☐ Cnange	☐ Addition
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STREET ACORESS GPY ST ZIP THEE NAME STREET ACORESS GITY ST ZIP THEE	FOUR SAWGRASS VILLA	L 32082	23S 24C 3 1 32A 33 5 6 6 7 8	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	·		
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STREET ADDRESS GOY ST ZIP THEE NAME STREET ADDRESS GOY ST - ZIP THUE NAME STREET ADDRESS COTY ST ZIP	FOUR SAWGRASS VILLA	L 32082	235 240 E 311 324 33: 340 E 411 428 435	STREET ADDRESS CITY-ST-ZIP THEE VAME STREET ADDRESS CITY-ST-ZIP THEE VAME STREET ADDRESS CITY-ST-ZIP		☐ Change	
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1. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(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 chapted, open an attachment with an address.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRE

Malcolm Anthony P 2-5-96 904-273-7202

ER OR DIRECTOR

Daytine Prone #

CR2E034 (12/95)