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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000053262 1. Corporation Name

MALLARD FINANCIAL, INC.			
Principal Place of Business	Mailing Address		
3706 U.S. HWY. 19 NEW PORT RICHEY FL 34652	3706 U.S. HWY. 19 NEW PORT RICHEY FL 34652		
		3. Date Inco	
Principal Place of Business 21	2a. Mailing Address 26	4. FEI Numb	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate	
City & State	City & State	6. Election C Trust Fun	
Zip Country	Zip Country	8. This corpo	

FILED Jan 20, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address							
3706 U.S. HWY.	. 19	3706 U.S. HWY. 19							
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652					DO NOT WE	RITE IN THIS	CDACE		
					-			SPACE	
						Date Incorporated or Qualife	a		
						07/15/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				FEI Number		⊢ -	Applied For
21 26		26			5	59-3256038			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired		• -	5 Additional
22		27			3. 0	Certificate of Status Desired		Fee	Required
City & State	e -	City & State			6. E	Election Campaign Financing	9 04	\$5.0	May Be
23		28			T	Trust Fund Contribution	2	Adde	ed to Fees
Zip	Country	Zip	Country	'	8. T	This corporation owes the cu	rrent year Int	angible	
24	25	29 30	7			Personal Property Tax.	•	Yes Yes	□No
24	9. Name and Address of Currer				10. 1	Name and Address of New	Registered	Agent	
	12 3 3 4		81	Name					
DRA	CHENBERG, TERRENCE								
	3 U.S. HWY. 19		82	Street Add	dress (P.C	O. Box Number is Not Accep	otable)		
	PORT RICHEY FL 34652		83				4	**************************************	7 3 8 16 12 18 at
INLIN	TOTT THORIET TE 0400E		63						
			84	City				85 Z	ip Code
		44.5		l			<u> </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	the above	e-named corp	rporation :	submits this statement for the	ne purpose of	changing	its registered registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autrations of, Section 607,0505, Florid	a Statutës	ine corporau	CON S DOA	and of directors, i hereby acc	apr are appo	inition do	
			-		•			/	00
	TERRENCE DOOL	UCN RERG / /	000	. 🖳	ر (real line		1-6/-	~ <i>70</i>
SIGNATURE	TERRENCE DRACE Signature, typed or printed name of registered age	HEN BERG- ent and title if applicable. (NOTE: Ro	PALO	nt signature require			DATE	1-4-	70
SIGNATURE	Signature, typed or printed name of registered age	HEN BERG int and title if applicable. (NOTIC RO ND DIRECTORS	PALO	e Z		nstating): DDITIONS/CHANGES TO C			
·	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	LANG egistered Aper	e Z				ND DIREC	
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12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DRACHENBERG, TERRENCE	ent and title if applicable. (NOTE: Re ND DIRECTORS	agistered Ager 13. 1.1 TITLE 1.2 NAME	e Z					
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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: