

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000060463 (4)**

1. Corporation Name

MALAMAR COLLECTIONS, INC.



Principal Place of Business

**131 WATERMAN AVE
MOUNT DORA FL 32757**

Mailing Address

**P O BOX 1665
MOUNT DORA FL 32757**

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3262746

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, MAGGIE B
131 WATERMAN AVE
MOUNT DORA FL 32757**

81

Name

Martina Shaw

82

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

131 Waterman Avenue

83

84

City

Mount Dora

FL

85

Zip Code

32757

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

Martina Shaw

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent's name to be printed when terminating)

DATE

4/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SULLIVAN, PAULA M.**
CITY-ST-ZIP **04343 WAYNE ROAD**
FRUITLAND PARK FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **Sullivan, Paula M.**
1.4 CITY-ST-ZIP **04343 Wayne Road**
Fruitland Park, Florida 34731

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **Maggie B. Evans**
CITY-ST-ZIP **131 Waterman Avenue**
Mount Dora, Florida 32757

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V/MD**
2.3 STREET ADDRESS **Martina Shaw**
2.4 CITY-ST-ZIP **55 Sunrise Lane**
Eustis, Florida 32726

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **300001774633**
4.4 CITY-ST-ZIP **-04/10/96--01005--016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS *****200.00**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Paula M. Sullivan

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Paula M. Sullivan

1/17/96

(904) 735-4455

Daytime Phone #

CR2E034 (12/95)

PA 4-9-96