

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086865 (0)

1. Corporation Name

MALCOLM FUND, INC.



Principal Place of Business

320 SE 10TH AVE #D
POMPANO BEACH FL 33060

Mailing Address

320 SE 10TH AVE #D
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0543644

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

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

MARTIN, JAMES
320 SE 10TH AVE #D
POMPANO BEACH FL 33060

81 Name

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

83

84 City

FL

85 Zip Code

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 Registered Agent (if not the same as the registered agent, the change is not valid)

(If the Registered Agent's signature is required when filing, the change is not valid)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

P
NAME: MARTIN, JAMES
STREET ADDRESS: 320 SE 10 AVE. #D
CITY-ST-ZIP: POMPANO BEACH FL

2. TITLE ☐ DELETE

S
NAME: MARTIN, PATRICK
STREET ADDRESS: 320 SE 10 AVE APT D
CITY-ST-ZIP: POMPANO BEACH FL

3. TITLE ☐ DELETE

T
NAME: MARTIN, PATRICK
STREET ADDRESS: 320 SE 10 AVE APT D
CITY-ST-ZIP: POMPANO BEACH FL

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

6.1 TITLE

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:

James Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-1996
DATE

781-7913
BUSINESS PHONE #

CR2E034 (12/95)