FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	EL MALKI II INC.	0005517 (4)			
Principal Place of Business Mailing Address		Mailing Address		ı reditedi din thibi dilit detri adını adını adını	BAIN ABIN Sun Auf I tibli fent ikki
10196 96TH ST N P.O. BOX 8030					
PINELLAS PARK FL 34666 33782		CLEARWATER FL 34618-8000 US		DO NOT WRITE II	N THIS SPACE
	•	337	58-8030	3. Date Incorporated or Qualified	
			30.0	01/18/1995	
		2a. Mailing Address		4 EEL Mumber	Applied For
21 26				59-3289099 - 59-3 2	
Sulte, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				6 Station Committee Signature	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25		30	Personal Property Tax due June 3	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	LKI, MICHAEL		81 Name		
10198 66TH ST N PINELLAS PARK FL 34886 33782			82 Street Add	ress (P.O. Box Number is Not Acceptable)
rii	YELLAS PARK PL 34000 527	,00	83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered
agent. Fa	egister ed agent or boin, in the State i <mark>m familiar wilh, and accept the oblig</mark> a	ations of, Section 607.0505, Flo	utnonzeo by the corpora rida Statutes.	tion's board of directors, I nereby accept	the appointment as registered
SIGNATURE					
12.	Signature, typed or printed nature of registered age OFFICERS ANI		Registered Agent signature requ	ied when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	ADDITIONS/OFFACES TO OFFICE	Change Addition
NAME	MALKI, MICHAEL		1.2 NAME		
STREET ADDRESS	10196 66TH ST N	2 ? > 0 5	1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34866		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	MALKI, LUCINE 10196 66TH ST N		22 NAME		
STREET ADORESS	PINELLAS PARK FL 34866 3	3782	2.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	1 1422210 17411112 94000 /	DELETE	2. 4 CITY-S1 - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		_ , _
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	-	☐ D£LĒTE	4.1 THILE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST- ZI P TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		En Dittil	5.7 HILE 5.2 NAME		C Sharks C Vaniabil
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
AUDI DT 310			0.4.6177/ 07 710		

14. Thereby 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 supplienced annual report is frue 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 trusted supplied 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 attrodity of with an address.