

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

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**May 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000006173 (5)**  
1. Corporation Name  
**CHRISTOPHER J. MALVANO, GENERAL CONTRACTOR, INC.**



Principal Place of Business  
**1017 COMSTOCK ST  
PT CHARLOTTE FL 33952**

Mailing Address  
**1017 COMSTOCK ST  
PT CHARLOTTE FL 33952-1815**

3. Date Incorporated or Qualified  
**01/20/1995**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business 21 <b>531 TAMAMI TRAIL</b> Suite, Apt. #, etc. 22 <b>SUITE 1</b> City & State 23 <b>Port Charlotte, Fl.</b> Zip 24 <b>33953</b>	2a. Mailing Address 26 <b>531 TAMAMI TRAIL</b> Suite, Apt. #, etc. 27 <b>SUITE 1</b> City & State 28 <b>Port Charlotte, Fl.</b> Zip 29 <b>33953</b>	4. FEI Number <b>65-0551343</b>	Applied For Not Applicable
Country 25 <b>USA</b>	Country 30 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MALVANO, CHRISTOPHER J  
1017 COMSTOCK ST  
PT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code  
**FL**

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 DATE

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MALVANO, CHRISTOPHER J</b>	
STREET ADDRESS	<b>1017 COMSTOCK ST</b>	
CITY - ST - ZIP	<b>PT CHARLOTTE FL 33952</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MALVANO, CHRISTINE L</b>	
STREET ADDRESS	<b>1017 COMSTOCK ST</b>	
CITY - ST - ZIP	<b>PT CHARLOTTE FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MALVANO, JOHN C JR.</b>	
STREET ADDRESS	<b>1017 COMSTOCK ST</b>	
CITY - ST - ZIP	<b>PT CHARLOTTE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Craig Malvano</b>
4.3 STREET ADDRESS	<b>22171 Belinda</b>
4.4 CITY - ST - ZIP	<b>Port Charlotte FL 33952</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Thomas A Smith</b>
5.3 STREET ADDRESS	<b>306 Klispie Drive</b>
5.4 CITY - ST - ZIP	<b>Punta Gorda FL 33950</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 of this report, or on an attachment with an address

SIGNATURE DATE **1/28/97 911-127-8724**

CR2E034 (9/96)