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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037601 (8)

JOHN D. MALKOWSKI, P.A.

Principal Place of Business

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



101 E. KENNE SUITE 2400 TAMPA FL 33		101 E. KENNEDY BLVD. SUITE 2400 TAMPA FL 33602		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
				05/11/1995	
2. Principal P	lace of Business	2s. Mailing Address		4, FEI Number	Applied For
21 2/2	S. MAGNOLIA		MALIMIM	AV. 59-3316195	Not Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.	MAGNOLA	7 77 33 33 10 183	\$8.75 Additional
City & State		27		5. Certificate of Status Desired	Fee Required
23 ZA	1PA, FZ	City & State 28 TAMAS	FZ	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 336	Country 25	20 33606	Country 30	This corporation owes or has paid the current Personal Property Tax due June 30.	rent year Intangible ☑ Yes _ No
ļ	g. Name and Address of Current F	Registered Agent		10, Name and Address of New Registered	Agent
MALKOWSKI, JOHN D 81 Name					
101	E. KENNEDY BLVD.		82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 2400 SUITE 2400 AVE.					
TAMPA FL 33602					
''-					
1			84 City	Ames FL	85 Zip Code 33606
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, typed or printed name of registered agent a		DTE. Registered Agent signature	required when reinstaling) DATE	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Malkowski, John D		1.2 NAME		
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE	2400	1.3 STREET ADDRESS	212 S. MAGNOLIA A	106.
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	212 S. MAGNOLIA A TAMPA, FL 33600	4
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		_ , _
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CiTY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		☐ DELETÉ	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME					
STREET ADDRESS			5.2 NAME		
Į.			5.3 STREET ADDRESS		
CITY-SF-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		A Change
		L Detert	6.1 TITLE	· ·	Change Addition
NAME			6.2 NAME		j
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		al to the	64 CITY-ST-ZIP		
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					

4. 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 is rupe 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.

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