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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000037601

1. Corporation Name
JOHN D. MALKOWSKI, P.A.

Principal Place of Business

Mailing Address

212 S. MAGNOLIA AVE
SUITE 2400
TAMPA FL 33606
US

212 S. MAGNOLIA AVE
SUITE 2400
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

Applied For

59-3316195

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 2610 W. HILLSBOROUGH AV.

2610 W. HILLSBOROUGH AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #101

#101

23 City & State

28 City & State

TAMPA, FL

TAMPA, FL

24 Zip

Country

29 Zip

Country

33614

US

30 33614

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALKOWSKI, JOHN D
212 S. MAGNOLIA AVE
SUITE 2400
TAMPA FL 33606

81 Name

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

2610 W. HILLSBOROUGH AV.

83 #101

84 City

TAMPA

FL

85 Zip Code

33614

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MALKOWSKI, JOHN D
STREET ADDRESS 212 S. MAGNOLIA AVE
CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2610 W. HILLSBOROUGH AV #101

1.4 CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 813/5700500
Date Daytime Phone #

0386363

CR2E034 (11/98)