

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

APPROVED
AND
FILED

1996 MAY 10 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000039500 (0)**

1. Corporation Name

MALBOT, INC.

Principal Place of Business

**6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE FL 33309**

Mailing Address

**6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FBI Number

59-3319290

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

**TAYLOR, MITCHELL L
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DEAN, RICHARD W ESQ.
6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE FL 33309**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TV
POSTASY, RUDOLF
6363 NW 6th Way, #210
FT. LAUD, FL. 33309**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GMUR, KRISTINA
6363 NW 6th Way #210
FT. LAUD, FL. 33309**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
MITCHELL L. TAYLOR
6363 NW 6th Way #210
FT. LAUD FL. 33309**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Add on

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Add on

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Add on

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Add on

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Add on

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Add on

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KRISTINA GMUR

5-7-96

954-776

1001

CR2E034 (12/95)