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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059159 (0)

MICHAEL MALKI III INC.

Principal Pla 3801 66TH ST SE. PETERSBU		Mailing Address 8601 65TH ST. NORTH SE. PETERSBURG FL 337094909						
					3. Date Incorporated or Qualified 07/28/1995		te of Last Re 9/1996	eport .
k	Place of Business	28. Mailing Address 80 30			4. FEI Number 59-3328155	Applied For Not Applicable		
Suite, Ap	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & St	ate	City & State 28 C / EARWATER	FC	····	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	29 3468-8030 30	Country	cellas		Yes 🗆] No	. 199.032,
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Re	gistered A	igent	
MALKI, MICHAEL 3801 66TH ST. NORTH SE. PETERSBURG FL 33709			82		ess (P.O. Box Number is Not Acceptat	ole)		,
			84	City		FL		Code
office or agent 1 SIGNATURE	Superior type the principle of repotent	agent and size if applicable. (NOTE: F	Registered Ag		oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	DATE		
12.	. 9	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	JERS AND	DIRECTOR Change	AS IN 12
TILLE	D	☐ DELETE	1,1 TITLE				change	Addition
NAM:	MALKI, MICHAEL		1.2 NAME					
STREET ADDRESS				T ADDRESS				
C-TY - S1 - 70°			1.4 CITY-1 2.1 TITLE	ST - ZIP			Change	Addition
TITLE	D Malki, Lucine		2.7 IIILE 2.2 NAME					
STREET ADDREST	ARRA ARMA AM ALONGOLI			I ADDRESS				
CHY-ST-7IP	AT DESCRIPTION OF ACTAC		2. 4 CITY-					
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	S		3.3 STREE	T ADDRESS				
CITY - ST. ZIF			3.4. CITY -	ST-ZIP		J		
TALE		☐ DELETE	41 TITLE				Change	Addition
NAME			4 2 NAME					
STREET ADDRES	δ <u> </u>			T ADDRESS				
City-St-ZP		Therete	4.4 CITY-	ST-ZIP			Change	Addition
THEF		[] DELETE	5 I TITLE		•		THE CHANGE	
PLANE	i .		5.2 NAME	1				

14. I do nereby certify that the information supplied with this filing does not quality 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 angular 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 of 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 for an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

City - St - ZiP

CITY-ST-7

DEF

NAME

DELETE

Change

Addition

FILED

Mar 04 1997 8:00am

Secretary of State

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