

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 # P96000023967 (8)

1. Corporation Name

ROBERT MALOVE, THE DUI LAWYER, P.A.

Principal Place of Business

Mailing Address

~~48 EAST FLAGLER STREET~~  
~~PENTHOUSE 104~~  
~~MIAMI FL 33131~~

~~48 EAST FLAGLER STREET~~  
~~PENTHOUSE 104~~  
~~MIAMI FL 33131~~



2. Principal Place of Business

2a. Mailing Address

21 290 NW 165 ST.

26 290 NW 165 ST

22 Suite, Apt. #, etc. PH-2

27 Suite, Apt. #, etc. PH-2

23 City & State MIAMI FL

28 City & State MIAMI FL

24 Zip 33169 Country USA

29 Zip 33169 Country USA

9. Name and Address of Current Registered Agent

MALOVE, ROBERT D ESQ.  
~~48 EAST FLAGLER STREET~~  
~~PENTHOUSE 104~~  
~~MIAMI FL 33131~~

81 Name

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

290 NW 165 ST

83 PH-2

84 City MIAMI

85 Zip Code FL 33169

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME MALOVE, ROBERT D ESQ.

STREET ADDRESS ~~48 EAST FLAGLER STREET, PENTHOUSE 104~~

CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

290 NW 165 STREET PH-2

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert David Malove*

*3/6/97 (202) 945-3887*

CR2E034 (9/96)