FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION > ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **19**98

**FILED** Jul 29 1998 8:00am Secretary of State

POCUMENT # P96000023967 (8)											
ROBERT MALOVE, THE DUI LAWYER, P.A.											
The caw offices of Robert David Mabue, P.A.											
Pri	Principal Place of Business Mailing Address										
2	290 NW 165T	'H ST.		290 NW 165T	H ST.						
	PH-2			PH-Z	20			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
Miami FL 33169 US				MIAMI FL 33169 US				3. Date Incorporated or Qualified			
`	,,,			00	•			03/07/1996	1		
2.	Principal Place of Business 28			2a. Mailing Ad	2a. Mailing Address			4. FEI Number Applied For			
21	1			26	26			65-0657225 No	t Applicable		
22	Suite, Apt. #, etc. Plaza 300			Suite, Apt.	Suite, Apt. #, etc.  27  Plaza 300  City & State			h Cartificate of Status Desired	Certificate of Status Desired Section		
23	City & State	ity & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
	Zip				Zip Country			8. This corporation owes or has paid the current year Intangible			
24		25 29 30				30	Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
MALOVE, ROBERT D ESQ.   81   Name											
								ress (P.O. Box Number is Not Acceptable)			
PH-2						<del> </del>					
MIAMI FL 33169							<u> </u>				
						84	City	FL 85 Zip C	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 regis											
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											
12		Signature, types	or printed name of registered age OFFICERS AN		(NOTE:	Registered Ag	ent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	S IN 12		
1111		D			DELETE		т Т	Change	Addition		
NAI	ME .	MALOV	E, ROBERT D ESQ.			1.2 NAME					
STE	REET ADDRESS 290 NW 165TH ST. PH-2			1.3 STREET ADDRESS		F ADDRESS	290 NW 165#St., Plaza 300				
CIT	Y-ST-ZIP	MAMI	-L			1.4 CITY-1	1				
TIT	LE				DELETE	E 2.1 TITLE		Change	Addition		
NA						2.2 NAME					
	HEET ADDRESS						ADDRESS		f		
TIT	Y-ST-ZIP				DELETE	2.4 CITY- 3.1 TIBLE	S1-ZIP	Change	Addition		
NA				<u>.                                    </u>		3.2 NAME		Origings			
[	REET ADDRESS						ADDRESS		ĺ		
	Y-ST-ZiP					3.4. CITY -	i				
TIT					DELETE	4.1 TITLE		Change	Addition		
NAI	ME					4. 2 NAME					
STF	reet address					4.3 STREE	ADDRESS		ļ		
	Y-ST-ZIP				O.C. CT.	4.4 CITY-1	ST-ZIP		<del></del>		
TIT	· .			L	DELETE	5.1 TITLE		70000260449	☐ Addition		
NAI						5.2 NAME	LADDRESS	<b>-07/31/98</b> 01090- <b>-0</b> 05			
	REET ADDRESS						I ADDRESS	***150 <b>.</b> 00	j		
TIT	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CITY - S 6.1 TITLE	51 - ZIP	Change	Addition		
NAI				C)		62 NAME		Onaligo	17		
	REET ADDRESS					1	F ADDRESS	))	<b>አ</b>		
Į	Y-ST-ZIP					6.4 CITY-	1	//	ישוין		
		ertify that th	e information supplied w	ith this filma does n	of qualify for			in Section 119 07(3)(i) Florida Statutes I further certify that the	information		

indicated on this annual report or supplied with this iming does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 of 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 only attachment with an address

SIGNATURE:

7/3/98

(305)945-3883



## THE LAW OFFICES OF ROBERT DAVID MALOVE, P.A.

• CITICENTRE BUILDING • 290 N.W. 165th STREET

PLAZA 300

· MIAMI, FLORIDA 33169

DADE (305)945-3883 FAX (305)945-4413 RDMALOVE@HOTMAIL.COM

July 3, 1998 (Resent July 22, 1998)

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed please find a check in the amount of \$150.00 and my completed 1998 Profit Corporation Annual Report. Although the report was due in May, I just received it in the mail.

Please update your records to reflect that in late 1997 there was an amendment to the Articles of Incorporation changing the corporate name from "Robert Malove, The DUI Lawyer, P.A." to "The Law Office of Robert David Malove, P.A." Additionally, please note the correct address as shown above on this letterhead.

If you have any questions, please do not hesitate to contact me.

Died Milore

Thank you.

Robert David Malove Attorney at Law