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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED Feb 19, 1999 8:00 am Secretary of State** 02-19-1999 90080 028 ***150.00

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DOCUMENT # P96000051284

1. Corporation Name

MALL BUSTERS, INC.

Principal Place of Business	Mailing Address
4691 NO UNIVERSITY DRIVE STE 325 CORAL SPRINGS FL 33067	4691 NO UNIVERSITY DRIVE STE 325 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/14/1996

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number **65-0674392**	Applied For / Not Applicable
21	**26**		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	**27**		
City & State	City & State	**6.** Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23	**28**		
Zip Country	Zip Country	**8.** This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No	
24 **25**	**29** **30**		

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
DIFRANCO, ANTHONY 4691 NO UNIVERSITY DRIVE STE 325 CORAL SPRINGS FL 33067	**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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **DIFRANCO, ANTHONY**		1.2 NAME	
STREET ADDRESS **8813 NW 57TH COURT**		1.3 STREET ADDRESS	
CITY-ST-ZIP **CORAL SPRINGS FL 33067**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, all other like empowered.

SIGNATURE: _Anthony J. Difranco_ Pres. 01-21-99 954-315-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #