


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000061081 (1)</b> 1. Corporation Name <b>M A L PROPERTIES, INC.</b>		



Principal Place of Business <b>2209 RICHMOND DRIVE LAKE CITY FL 32055</b>	Mailing Address <b>2209 RICHMOND DRIVE LAKE CITY FL 32055</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/19/1996</b>		3a. Date of Last Report	
4. FEI Number <b>59-3417808</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. Principal Place of Business 21 <b>Rt 6 #1496</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>Rt 6 #1496</b> Suite, Apt. #, etc. 27	City & State 23 <b>Lake City 71</b> Zip 24 <b>32025</b>	City & State 28 <b>Lake City 71</b> Zip 29 <b>32025</b>

9. Name and Address of Current Registered Agent <b>LEADINGHAM, MARILYN W 2209 RICHMOND DRIVE LAKE CITY FL 32055</b>		10. Name and Address of New Registered Agent 81 Name <b>LERoy LEADINGHAM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Rt 6 #1496</b> 83 84 City <b>Lake City</b> FL 85 Zip Code <b>32025</b>	
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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 *Leroy Leadingham* **LERoy LEADINGHAM President** 7-28-97  
Signature typed or printed name of registered agent, and title if applicable (NO Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President LERoy LEADINGHAM Rt 6 #1496 Lake City 71 32025</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE President Kathleen M. LEADINGHAM 164 Columbian Ave Columbus Ohio 43223</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leroy Leadingham* **LERoy LEADINGHAM**

CR2E034 (4/97)