

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000078045 (7)

1. Corporation Name  
MAL-CAN, INC.

Principal Place of Business  
2000 MAIN STREET #500  
FORT MYERS FL 33901

Mailing Address  
2000 MAIN STREET #500  
FORT MYERS FL 33901-3086



3. Date Incorporated or Qualified 09/19/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 203 No. Lake Park Ave  
Suite, Apt. #, etc.  
22 City & State  
23 Lakeland FL  
24 Zip 33801  
25 Country Polk  
26 Mailing Address  
27 1237 E. Edgewood Dr.  
Suite, Apt. #, etc.  
28 City & State  
29 Lakeland, FL  
30 Zip 33803  
Country Polk  
FEI Number 59-3427500  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOLOGY, STEPHEN G  
2000 MAIN STREET #500  
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name A. Paul White  
82 Street Address (P.O. Box Number is Not Acceptable) 1237 E. Edgewood Dr.  
83  
84 City Lakeland FL 85 Zip Code 33803

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 DATE 4-14-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	White, A. Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLOGY, STEPHEN G	1.2 NAME	
STREET ADDRESS	2000 MAIN STREET #500	1.3 STREET ADDRESS	1237 E. Edgewood Dr.
CITY - ST - ZIP	FORT MYERS FL 33901	1.4 CITY - ST - ZIP	Lakeland, FL 33803
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	White, Melinda S.
STREET ADDRESS		2.3 STREET ADDRESS	1237 E. Edgewood Dr.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Lakeland, FL 33803
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: DATE 4-14-97 (941) 682-8349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)