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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000022148 (5)

MALONE STEEL CORPORATION

## **FILED** Feb 24 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addre	ess			
10780 US 1 I		10760 US 1 NORTH				
ST. AUGUSTINE FL 32095		ST. AUGUSTINE FL 32095				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/11/1997
2 Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For
21	add of Daomics	26				59-3?00231 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$0.75 A 180
22		27				5. Certificate of Status Desired Fee Required
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	y Zip Co		Country	/	8. This corporation owes or has paid the current year Intangible
24	25	29		30		Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curre	ent Registered Ager	nt		т	10. Name and Address of New Registered Agent
	LONE, JAMES C			81	Name	ne
10760 US 1 NORTH				82	Street	et Address (P.O. Box Number is Not Acceptable)
ST.	AUGUSTINE FL 32095				<u> </u>	
				83		
				84	City	<b> 85</b> Zip Code
					"	<b>FL</b>   1
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Fl	orida Statute	s, the above	e-named	ed 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 Statules.						
SIGNATURE						
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	DOLOTE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD MALONE, JAMES C		DELETE	11 TITLE		Ononge Choomen
NAME	10760 US 1 NORTH			1.2 NAME		
STREET ADORESS	ST. AUGUSTINE FL 32095			1	ADDRESS	35
CITY-ST-ZIP	VPTD		DELETE	1.4 CITY-3	ST-ZIP	Change Addition
TITLE	MALONE, JEFF	لسا	DELETE	2.1 TITLE		Change District
NAME	10760 US 1 NORTH			22 NAME		
STREET ADDRESS	ST. AUGUSTINE FL 32095			1	r address	38
CITY-ST-ZIP	51. AUGUSTINE PL 32093		DELETE	2 4 CITY-	ST-ZIP	Change Addition
TITLE		Ш	VELETE	31 THTLE		
NAME				3.2 NAME		
STREET ADDRESS				1	r address	55
DITY-ST-ZIP		<del></del>	DELETE	3.4, CITY -	ST - ZIP	Change Addition
TITLE			I DELEI <b>C</b>	4.1 TITLE		C Change C Addition
NAME	•			4 2 NAME		
STREET ADDRESS					ADDRESS	55
CITY-ST-ZIP			COLETE	4.4 CITY-1	ST-ZIP	☐ Change ☐ Addition
TITLE			DELETE	5 1 TITLE		C) Change C) Adultion
NAME				5 2 NAME		
STREET ADDRESS					r address	SS
CITY+ST-ZIP			DELETE	5.4 CITY - 5	ST-ZIP	
TITLE			DELETE	61 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	r address	ss
CITY-ST-ZIP				6.4 C(TY-	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.

2/18/98

(904) 808–4757