

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90100 027 ***150.00

DOCUMENT # P97000051718

1. Corporation Name

MALVANO ENTERPRISES, INC.

Principal Place of Business
531 TAMiami TRAIL, UNIT 5
PORT CHARLOTTE FL 33953

Mailing Address
531 TAMiami TRAIL, UNIT 5
PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

65-0757968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MALVANO, CHRISTOPHER J
1017 COMSTACK ST
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81

Name CHRISTINE MALVANO

82

Street Address (P.O. Box Number is Not Acceptable)

83

1017 COMSTOCK ST

84

City PORT CHARLOTTE

FL

85 Zip Code

33952

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

Christine Malvano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MALVANO, CHRISTOPHER J
STREET ADDRESS 1017 COMSTOCK ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☐ DELETE

NAME MALVANO, CHRISTINE
STREET ADDRESS 1017 COMSTOCK ST
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Christine Malvano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

(941) 627-8880

Daytime Phone #

- CR2E034 (11/98)

0451942