## 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 # P97000058488 (2)

## FILED May 15 1998 8:00am Secretary of State

MALIBU ENTERPRISES, INC. Principal Place of Business Mailing Address 1901 PALM DRIVE 1901 PALM DRIVE CLEARWATER FL 34623 **CLEARWATER FL 34623** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1997 pal Place of Business 0, Box4, 4. FEI Number Applied For PO Box 22272 21 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name GUITIERREZ, SAN J 1901 PALM DRIVE 82 Street Ad CLEARWATER FL 34623 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation sibmits 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, typod or printed name of registered agent and title if applicable (NOTE: Hogistored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 1.1 TIME TITLE **GUITIERREZ, SAN JUAN** 1.2 NAME NAME 1901 PALM DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34623** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELE1E 2.1 TITLE Change Addition TITLE SHAVER, LINDA J NAME 2.2 NAME 1901 PALM DRIVE STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34623** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP 14. Thereby 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 suppliemental 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

officer or director of the configuration 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 of injurit, or on an adjustment with an address.

SIGNATURE ... XV M

SANJUAN GUTICERA

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