PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90052 011 ***150.00

DOCUMENT # P9700058488

1. Corporation Name

P O BOX 22272 TAMPA FL 33622 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 07/03/1997 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 07/03/1997 4. FEI Number 59-3465252 59-3465252 5. Certificate of Status Desired 59-3465252 5. Certificate of Status Desired 58.75 Additions Fee Required City & State City & State 28 City & State 29 Zip Country Zip Country 29 300 8. This corporation owes the current surpline Personal Property Tax.	MALIBU	ENTERPRISES, INC.				
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City & State 28 City & Country Zip Country Zip Country Zip Country Zip Country Signature, byped or printed name of registered agent and stiller if applicables 10. New Figure 1. In TITLE D GUITIERREZ, SAN J STREET ADDRESS Residence State City & State City & State Added to Fees Trust Fund Contribution Added to Fees S. This corporation owes the current year Intangille Personal Property Tax. Yes No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe	Suite, Apt. #, etc. Suite, a		—— · · · ·	tc.		\$8.75 Additional
Zip Country Zip Country Zip Country Sip Solution owes the current year Intangible Personal Property Tax. Yes No No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Signature Interest Signature. Year Intangible Personal Property Tax. Yes No No Name and Address of New Registered Agent Signature Interest Signature. Year Intangible Personal Property Tax. Yes No No Name and Address of New Registered Agent Signature Interest Signature Interest Signature. Year Intangible Personal Property Tax. Yes No No Name Interest Signature	City & State		City & State			
9. Name and Address of Current Registered Agent GUITIERREZ, SAN J 1154 NAVAJO AVE LEHIGH FL 33936 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 register of 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 SIgnature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D GUITIERREZ, SAN JUAN 12. PAME STREET ADDRESS 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. PAME 15. TITLE D Change ACC. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 16. Change 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. TITLE D Change 19. ACC. 19. TITLE 19.	Zip		Zip	_	ry	
GUITIERREZ, SAN J 1154 NAVAJO AVE LEHIGH FL 33936 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D GUITIERREZ, SAN JUAN 12. NAME GUITIERREZ, SAN JUAN 11. PALM STREET ADDRESS 1901 PALM DRIVE				<u> </u>		10. Name and Address of New Registered Agent
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 register 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D GUITIERREZ, SAN JUAN 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS	1154 NAVAJO AVE			82 Street Address (P.O. Box Number is Not Acceptable)		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 1 TITLE D GUITIERREZ, SAN JUAN 12.NAME STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12.NAME 12.NAME 13.STREET ADDRESS				8	4 City	FL 85 Zip Code
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D Change AND NAME GUITIERREZ, SAN JUAN STREET ADDRESS 1901 PALM DRIVE 1.3 STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	egistered A	gent signature requ	uired when reinstating) DATE
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CITY-ST-ZIP CLEARWATER FL 34623	STREET ADDRESS			1.3 STRE	EET ADDRESS	
OLD HIMALETTE OTOES	CITY-ST-ZIP	CLEARWATER FL 34623		1,4 CITY	-ST-ZIP	

☐ Change TOLE ☐ DELETE 2.1 TITLE Addition SHAVER, LINDA J 2.2 NAME NAME 2.3 STREET ADDRESS 1901 PALM DRIVE STREET ADDRESS **CLEARWATER FL 34623** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 ther like empowered.

SIGNATURE: