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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000087529 (8)

GENE MALONEY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Apr 01 1998 8:00am Secretary of State



0RLANDO F	SBROOK WAY 1. 32837	1817 SNARESBROOK WAY ORLANDO FL 32837						
Onombo II	L GEOS!	Office	NOU FL 32037			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 10/09/1997	-	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- A	pplied For
21 18/7	SNARES BROOK WAY	26 SAME				59-3484195	N	ot Applicable
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				b. Certificate of Status Desired	Fee R	equired
City & State	and a El	├ ── `	City & State			Election Campaign Financing \$5.00 May Be		
23 ORLANDO, FL.						Trust Fund Contribution Added to Fees		
Zip 3 2 8	337 25 ORANGE	Zip	<u> </u>	Country	•	8. This corporation owes or has paid the cu		
24 - 574	9. Name and Address of Current	29 Registered	Acent 3	<u> </u>		Personal Property Tax due June 30. 10. Name and Address of New Registered		J No
					81 Name			
11927 ATLIN DR.								
ORLANDO FL 32837				82	Street	Address (P.O. Box Number is Not Acceptable)		
l of	WHIDO I L OCOU!			63				
				84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named congretion submits this statement for the pursuant of shanding its recipitated								
l ombe or r	egistereo agent, or both, in the State of	rrionaa Su	ich change was aut	horized by	the corr	poration's board of directors. I hereby accept the ap-	pointment 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 agrint	and title if apple	cable (NOTE: R	legistered Age	nl signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PRESIDENT		DELFTE	1.1 TITLE			Change	Addition
NAME	GENE MALONEY			1.2 NAME				
STREET ADDRESS	1817 SNAGESBA	ok W	dy	1.3 STREET	ADDRESS			
CITY-ST-ZIP	ma/a.a. E/ 1	by way.	7	1.4 CITY - S	T- ZIP			
TITLE	VICE PRESIDENT	•	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME .	PATRICIA A. MAL	ONEY	•	2.2 NAME				
STREET ADDRESS	1817 SWARES BROOM	KW	ASO	2.3 STREET	ADDRESS			
CITY-ST-ZIP	VICE PRESIDENT PATRICIA A. MAL 1617 SWARES BROOD OPLANDO, FC.	12437	,	2. 4 CITY-5	T-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			ľ
CITY-ST-ZIP			DECEME	3.4. CITY-5	T-ZIP			
TITLE			☐ DELETE	4.1 TITLE	İ		Change	☐ Addition
NAME				4. 2 NAME				ì
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S	T-ZIP			
NAME .			□ bereit	5.1 TITLE			Change	Addition
ŀ				5.2 NAME	4000ccc			
STREET ADDRESS				5.3 STREET	-			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	1-ZIP		☐ Change	Addition
NAME				6.2 NAME			∪nange	CT MODITION
STREET ADDRESS					*DDDCCC			
				6.3 STREET				
CITY-ST-ZIP		0 1 49		6.4 CITY-S	I - ZIP			

indicated on this annual report or 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.