

2-26-98 B-2539 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morihano Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P97000100818 (8)
 1. Corporation Name
MALKEE CORPORATION



Principal Place of Business: 215 W. VENTURA AVE. CLEWISTON FL 33440
 Mailing Address: 215 W. VENTURA AVE. CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: Zip Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. City & State: Zip Country

3. Date Incorporated or Qualified: 11/25/1997
 4. FEI Number: 65-0795669 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ATALLA, EDSON O
215 W. VENTURA AVE.
CLEWISTON FL 33440

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 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: (Signature typed in full name of the person signing and the title, if applicable) (Print Name of Signatory Required when Constituting) DATE:

12. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 D ATALLA, EDSON O 908 N. BORNER ROAD CLEWISTON FL 33440
 D YAMIN, ABDALLA K 908 N. BORNER ROAD CLEWISTON FL 33440

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
 6.1 TITLE 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.

SIGNATURE: (Signature of Edson O Atalla)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 09, 98

CR2E034 (10/97)