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

Mailing Address

1295 US HWY 1

NORTH PALM BEACH FL 33408

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

NORTH PALM BEACH FL 33408

1295 US HWY 1



DOCUMENT # P98000001913

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90206 001 ***155.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name	,
MALLOY ENTERPRISES, INC.	

							3. Date Incorporated or Qualifed 01/06/1998				
 Principal Pl 	ace of Business	2a. Mailing /	Address				4. FEI Number		·	Ap	plied For
2. Filitopai Ci	ace of Dusfiless	26	1447555				65-08081	557			t Applicable
Suite, Apt.	# etc		pt. #, etc.				Q	<i>y</i> <u>v</u> <u>v</u>		\$8.75	
22	τ ₁ σιο.	27	⊢ , ' ' '				5. Certificate of Status	Desired	□· 	Fee Re	
City & State City & State							6. Election Campaign	Financing ·		\$5.00	May Be
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Cour	ntry		8. This corporation ov	ves the curr	ent year In		_
24	[:	30			Personal Property Tax. Yes No						
	9. Name and Address of Cu	irrent Registered Ag	ent				10. Name and Addres	s of New R	egistered	Agent	
				- 1	81 1	Name					,
MALLOY, PATRICK					62 Street Address (D.O. Boy Number is Not Assentable)						
1295	SUS HWY 1				Street Address (P.O. Box Number is Not Acceptable)						
NOR	TH PALM BEACH FL 33408			ń	83						
					84 (City	-	·	EI	85 - Zip (Code
	to the provisions of Sections 607		Flacial Orani	<u></u>	[_		pration submits this state	nent for the	nurnose c	f changing its	registered
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE: I	Registered .	Agent si	gnature required	when reinstating)		DATE	·	
12.	OFFICER	S AND DIRECTORS		13.			ADDITIONS/CHANG	GES TO OF	FICERS A		
TITLE	D		☐ DELETE	1.1 T∏	LΕ		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME	MALLOY, PATRICK			1.2 NA	ME				•		
STREET ADDRESS	71 PRINCEWOOD LANE		1.3 5			DRESS (,				
CITY-ST-ZIP	PALM BEACH GARDENS F	FL 33410		1.4 CIT	Y-ST-Z	P					
TITLE	n		DELETE	2.1 TIT			,			☐ Change	Addition
NAME	MALLOY, MARIAELENA			2.2 NA	мЕ	ł	• •		-		
STREET ADDRESS	TA PRINCENCOD LANE			2.3 STREET AL		DRESS			•		
	PALM BEACH GARDENS F	33410			TY-ST-2	1					
CITY-ST-ZIP TITLE	TALM DEACH GARDENOT		DELETE	3.1 TIT		"		'		Change	☐ Addition
i				3.2 NA		İ			• .		
NAME					REET AL	nnbess					
STREET ADDRESS	1					Į.					
CITY-ST-ZIP			DELETE	3.4. CI 4.1 TIT	TY-ST-2	<u> </u>			 .	Change	Addition
TITLE	i			4. 2 NA		- 1		, +	,	. —	
NAME				1		necee					
STREET ADDRESS					REETAD						
CITY-ST-ZIP			DELETE	5.1 TIT	Y- <i>ST-Z</i>	<u></u>				[] Change	Addition
TITLE	! !			5.1 M						٠٠٠٠٠٠٠٠ ب	
NAME					REET AL	NOESS					
STREET ADDRESS											
CITY-ST-ZIP			<u> </u>		Y-ST-Z	P	<u> </u>			Chan	D Addition
			DELETE	6.1 TIT	LE	J				Change	Addition
TITLE				1	_						
TITLE NAME				6.2 NA		'	-				
- 1					ME REET AL	DORESS					

4. 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: latrick in Malloy Pres. Patrick - Mallon 2-17-99 (54) 626-3755