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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000045135

Country

9. Name and Address of Current Registered Agent

25

500 S AUSTRALIAN AVE, SUITE 800 WEST PALM BEACH FL 33401

WHITMIRE, DRENNEN L JR

MALIBU HOLDINGS, INC.

Principal Place of Business
2901 NORMANSTONE NW WASHINGTON DC 20008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2901 NORMANSTONE NW WASHINGTON DC 20008

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90023 046 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/13/1998 Applied For 58 -Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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

83

84 City

Country

30

agent. I a	m familiar with, and accept the obligations of, Section 6	507.0505, Florida	Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	jured when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	TRUTANIC, RICHARD S		1.2 NAME				
STREET ADDRESS	2901 NORMANSTONE NW		1.3 STREET ADDRESS				
CITY-ST-ZIP	WASHINGTON DC 20008		1.4 CITY-ST-ZIP				
TITLE	D C	DELETE	2.1 TITLE		Change	Addition	
NAME	TRUTANIC, CYNTHIA H		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	WASHINGTON DC 20008		2. 4 CITY-ST-ZIP				
TITLE	WASHINGTON DO 20000	DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4, CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	Addition Addition	
NAME ;			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	. <u></u>			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY- ST- ZIP	<u> </u>			

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 other like empowered.

SIGNATURE: VI MUM MULLULL

72. 2. 42

Date Daytime Phor

CR2F034 (11/98)