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Secretary of State

04-30-1999 90144 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000101495

1. Corporation Name  
KENNETH PAUL MALMSTROM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1756 ARABIAN LANE, PALM HARBOR FL 34685-3346  
Mailing Address: 1756 ARABIAN LANE, PALM HARBOR FL 34685-3346

3. Date Incorporated or Qualified: 12/07/1998

2. Principal Place of Business: 1917 Pinehurst DR., Suite, Apt. #, etc.  
2a. Mailing Address: 1917 Pinehurst DR., Suite, Apt. #, etc.

4. FEI Number: Applied For  
Applied For

23. City & State: CLEARWATER, FL  
28. City & State: CLEARWATER, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 33763-2228, Country: Pinellas  
29. Zip: 33763-2228, Country: Pinellas

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, EDWARD J  
2454 MCMULLEN BOOTH ROAD STE. 410  
CLEARWATER FL 33759

81 Name: Kenneth Paul Malmstrom  
82 Street Address: 1917 Pinehurst DR.  
83  
84 City: CLEARWATER, FL  
85 Zip Code: 33763-2228

11. Pursuant to the provisions of Sections 607.0508 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 607.0508, Florida Statutes.

SIGNATURE: Kenneth Paul Malmstrom, DATE: 4-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P  
1.2 NAME: MALMSTROM, KENNETH P  
1.3 STREET ADDRESS: 1756 ARABIAN LANE  
1.4 CITY-ST-ZIP: PALM HARBOR FL 34685-3346

1.1 TITLE: Change  
1.2 NAME: 1917 Pinehurst DR.  
1.3 STREET ADDRESS: CLEARWATER, FL  
1.4 CITY-ST-ZIP: 33763-2228

2.1 TITLE: DELETED  
2.2 NAME: DELETED  
2.3 STREET ADDRESS: DELETED  
2.4 CITY-ST-ZIP: DELETED

3.1 TITLE: Change  
3.2 NAME: DELETED  
3.3 STREET ADDRESS: DELETED  
3.4 CITY-ST-ZIP: DELETED

3.1 TITLE: DELETED  
3.2 NAME: DELETED  
3.3 STREET ADDRESS: DELETED  
3.4 CITY-ST-ZIP: DELETED

4.1 TITLE: Change  
4.2 NAME: DELETED  
4.3 STREET ADDRESS: DELETED  
4.4 CITY-ST-ZIP: DELETED

4.1 TITLE: DELETED  
4.2 NAME: DELETED  
4.3 STREET ADDRESS: DELETED  
4.4 CITY-ST-ZIP: DELETED

5.1 TITLE: Change  
5.2 NAME: DELETED  
5.3 STREET ADDRESS: DELETED  
5.4 CITY-ST-ZIP: DELETED

5.1 TITLE: DELETED  
5.2 NAME: DELETED  
5.3 STREET ADDRESS: DELETED  
5.4 CITY-ST-ZIP: DELETED

6.1 TITLE: Change  
6.2 NAME: DELETED  
6.3 STREET ADDRESS: DELETED  
6.4 CITY-ST-ZIP: DELETED

6.1 TITLE: DELETED  
6.2 NAME: DELETED  
6.3 STREET ADDRESS: DELETED  
6.4 CITY-ST-ZIP: DELETED

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: Kenneth Paul Malmstrom, DATE: 4-26-99, 727-738-4241

CR2E034 (11/98)