

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90144 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000101498**

1. Corporation Name
ANDERSON-MALMSTROM, INC.



Principal Place of Business 1756 ARABIAN LANE PALM HARBOR FL 34685-3346	Mailing Address 1756 ARABIAN LANE PALM HARBOR FL 34685-3346
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/07/1998

4. FEI Number Applied For	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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 1917 Pinehurst Dr	2a. Mailing Address 26 1917 Pinehurst Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip Country 24 33763-2228 25 Pinellas	Zip Country 29 33763-2228 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, EDWARD J
 2454 McMullen Booth Rd. Ste. 410
 Clearwater FL 33759

81 Name Kenneth Paul Malmstrom
82 Street Address (P.O. Box Number is Not Acceptable) 1917 Pinehurst Dr
83
84 City Clearwater
85 Zip Code FL 33763-2228

11. Pursuant to the provisions of Sections 607.1502 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 **Kenneth Paul Malmstrom** DATE **4-26-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE SEC / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, ROBERT		1.2 NAME Kenneth Paul Malmstrom	
STREET ADDRESS 1756 ARABIAN LANE		1.3 STREET ADDRESS 1917 Pinehurst Dr	
CITY-ST-ZIP PALM HARBOR FL 34685-3346		1.4 CITY-ST-ZIP Clearwater, FL 33763-2228	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: DATE **4-26-99** DAYTIME PHONE # **727-738-4241**

CR2E034 (11/98)