

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

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Apr 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000106597

1. Corporation Name
MALONE ACCOUNTING, INC.



Principal Place of Business: 4973 APACHE AVENUE JACKSONVILLE FL 32210-8300
 Mailing Address: 4973 APACHE AVENUE JACKSONVILLE FL 32210-8300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4444 Merrimac Avenue	26		12/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3554990	
22. City & State		27. City & State		5. Certificate of Status Desired	
Jacksonville, FL				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution	
32210				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 25.		29. 30.		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MALONE, WILLIAM W 4973 APACHE AVENUE JACKSONVILLE FL 32210-8300				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City		85. Zip Code	
FL							

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: _____ DATE: 3-30-1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, WILLIAM W	1.2 NAME	
STREET ADDRESS	4973 APACHE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210-8300	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, MARTHA M	2.2 NAME	
STREET ADDRESS	4973 APACHE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210-8300	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: 3-30-1999 DAYTIME PHONE: (904) 388-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)