FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S02929

MALIBU TRADERS, INC.

DOCUMENT #

(5)



Maint Addison							
Principal Place		Mailing Address					
2005 AURORA RD MELBUORNE FL 32935 MELBUORNE FL 32935 MELBUORNE FL 32935							
US		US			3. Date Incorporated or Qualified 3a. Date of Last 09/28/1990 02/13/		
2. Prinopal Pla	2. Principal Place of Business		a. Mailing Address				Applied For
21		26	26		59-3034818		Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.	The state of the s		5. Cartificate of Status Desired		5 Additional
22		27				ree	Required
City & State		City & State	¬ ′		Election Campaign Financing Trust Fund Contribution		
23 Zin	Country	28 Zip	Country	-,	This corporation has liability for in		
Z(p 24	25	29	30		Florida Statutes 🔼 Yes		3 103.001
24	g. Name and Address of Curre		1001		10. Name and Address of New Re		
			81	Name			
ROSS, DANNIE R. 451 KIMBERLY DR				S. Wayne Mann 82 Street Address (P.O. Box Number is Not Acceptable)			
				2745 Turtlemound Rd.			
	URNE FL 32940		83				
			84	City		85 2	Zip Code
			64		Melbourne		32934
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the above na		ation a books this statement for the our	oose of changing its	registered office
or registere familiar with	ed agent, or both in the State of Flor h, and accept the objigations of, Sec	rida. Such change was autho ction 607.0505, Florida Statut	nzed by the corpo ies.	ration's boai	ation submits this statement for the porporal of directors. Thereby accept the appo	intriient as registere	ed agent. Fam
SIGNATURE A			S. Wayne 1			/96	
	Signature, typed or printed harne of regularish age			signature require			ODD IN 10
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
TITLE	ROSS, DANNIE	ריין מבנגונ	1 1 111.F			[Onlongs	
NAME	451 KIMBERLY DR			DOD(Cr.			
STREET ADDRESS	MELBOURNE FL		1.3 STREET A				
CITY-ST-ZIP TITLE	WEEDOOME 1 E	DELETE	1.4 C(TY - ST 2 1 T(TLE		irector	Change	Addition
NAME			2 2 NAME		. Wayne Mann	_ · •	-
STREET ADDRESS			2 3 STREET A		745 Turtlemound Rd.		
			24 City-St		elbourne, FL 32935		
CITY-ST-ZIP TITLE		DELETE	3 1 TITLE	*** FA	erbourne, Th. 52255	☐ Change	Addition
NAMÉ		<u></u>	3.2 NAME	1			
STREET ADDRESS			33 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST				
TITLE		☐ DELETE	4 1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADORESS			4.3 STRËET A	NDORESS			
CITY - ST - 2IF			4.4 CITY - ST	- ZIP			·
TITLE		☐ DELETE	5 1 TILLE			Change	Addition
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREET A	ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST	- 7IP			
TITLE		☐ DELETE	6 1 TITLE			Chang	e 🔲 Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET A	ADDRESS			
CITY ST-ZIP			6.4 CITY - ST	- ZIP		07/3/W Florida Sta	uton I feether

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 or Block 13 or on an attachment with an address

SIGNATURE: S. Wayne Mann, Director 3/28/96

407 253 0003

CR2E034 (12/95)