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

FILED
Jun 04, 1999 8:00 am
Secretary of State
06-04-1999 90006 002 ***158.75

DOCUMENT # S02929

1. Corporation Name
MALIBU TRADERS, INC.

Principal Place of Business
100 HIBISCUS ST
FL 32935

Mailing Address
100 HIBISCUS ST
MELBUORNE FL 32935
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/28/1990

2. Principal Place of Business
100 Hibiscus ST.
Suite, Apt. #, etc.
City & State
Melbourne FL
Zip 32935 Country 25 Brevard

2a. Mailing Address
26 100 Hibiscus ST.
Suite, Apt. #, etc.
27
City & State
28 MELBOURNE FL
Zip 32935 Country 29 30 BREVARD

4. FEI Number 59-3034818 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent
DANNIE ROSS
451 KIMBERLY DR
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name DANNIE R. ROSS
82 Street Address (P.O. Box Number is Not Acceptable) 451 KIMBERLY DR.
83
84 City MELBOURNE FL 85 Zip Code 32940

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 6-2-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DANNIE R. ROSS DATE 4-15-99

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	ROSS, DANNIE
STREET ADDRESS	451 KIMBERLY DR
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: SIGNATURE REQUIRED 4-15-99 407-259-8783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)