


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S23509 (0) 1. Corporation Name MALCO CONSTRUCTION INC.			
Principal Place of Business P O BOX 3087 N FT MYERS FL 33918-0087		Mailing Address P O BOX 3087 N FT MYERS FL 33918-0087	
2. Principal Place of Business 21 13420 CARIBBEAN BLVD Suite, Apt. #, etc. 22 City & State 23 FORT MYERS FL Zip 24 33905 Country 25		2a. Mailing Address 26 13420 CARIBBEAN BLVD Suite, Apt. #, etc. 27 City & State 28 FORT MYERS FL Zip 29 33905 Country 30	
9. Name and Address of Current Registered Agent LUDERS, MICHAEL A. 7760 BARTHOLOMEW DR FT MYERS FL 33917		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13420 CARIBBEAN BLVD 83 84 City FORT MYERS FL 85 Zip Code 33905	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	LUDERS, MICHAEL A.		
STREET ADDRESS	7760 BARTHOLOMEW DR		
CITY-ST-ZIP	FT MYERS FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	COOK, CHRISTOPHER W.		
STREET ADDRESS	7762 BARTHOLOMEW DR NE		
CITY-ST-ZIP	N FT MYERS FL		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	
NAME	LUNDERS, GARY L.		
STREET ADDRESS	316 SAN REMO LN		
CITY-ST-ZIP	N FT MYERS FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	RUSSELL, ALDEN B		
STREET ADDRESS	13401 FOX CHAPEL COURT		
CITY-ST-ZIP	FT MYERS FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS	13420 CARIBBEAN BLVD		
1.4 CITY-ST-ZIP	FORT MYERS FL 33905		
2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *[Signature]* IN OFFICE OF Cook 4-27-97 941-194-1318

CR2E034 (4/97)