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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

•	1996	DIVISION OF CO	DRPORATIONS	)	
DOCUN 1. Corporation	MENT # <b>V733</b>	65 (1)			
PATRIC	K J. MALONE, PROFESS	SIONAL ASSOCIATION			
	,				
Principal Place	of Rusiness	Mailing Address			<u> </u>
1080 EAST INIANTOWN RD.		5935 EAGLES NEST RD			
#201		JUPITER \( \subset \) 33458-465			
JUPITER FL 3 US	33477	U\$ /		3. Date Incorporated or Qualified	3a. Date of Last Report
		2a. Mailing Address		10/22/1992 4. FET Number	04/18/1995 Applied For
Principal Place of Business     Total		26 1801 S. 43. Hi	ghway 1	65-0364750	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional
22				6. Election Campaign Financing	Fee Required  \$5.00 May Be
City & State	9	City & State 28 Jupi TER,	Q.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30 TALM BEACH	Florida Statutes Yes  10. Name and Address of New F	□ No
	9. Name and Address of Cu	rrent Hegistered Agent	81 Name	to. Name and Address of New ?	logisto co Agont
MALONI	E DATRICK I		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
MALONE, PATRICK J. 5935 EAGLE'S NEST DR			1801	ress (P.O. Box Number is Not Acceptate	AY 1
	FL 33458	· · · · · · · · · · · · · · · · · · ·	83	nm 98	
			84 City -	UPITER	E1 85 Zin Code 77
44 Dureupht	to the provisions of Sections 607 (	0502 and 607 1508 Florida Statutes	the above ramed corpo	ration submits this statement for the pu	rpose of changing its registered office
or register	red agent, or both, in the State of i	Florida, Such change was authorized Section 607.0505, Florida Statutes.	by the corporation's boa	ration submits this statement for the puriod of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE					
12.	Signature typed or printed name of registereo	a yard and tille if applicance (NOTE S AND DIRECTORS	Flogistered Agent signature require 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THILE	PD	[] DELETE	1. 1 TILE		Change Addition
NAMÉ	MALONE, PATRICK J.		1.2 NAME		
STREET ADORESS	5935 EAGLE'S NEST DR	/	1 3 STREET ADDRESS		
CITY-S1-ZIP	JUPITER FL	ום מו ייני	1.4 C/TY - ST - 7/F		☐ Change ☐ Addition
THILE		[] DE .FTE	2 1 TITLE 22 NAME		
NAME STREET ADURESS			2.3 STREET ADDRESS		
CITY-\$1-ZIP			2.4 C(TY - ST - Z)P		
TITLE		C DELETE	3 1 TILLE		Change Addition
NAME			3.2 NAMÉ		
STREET ACHORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 City-St-ZiP 4 1 THLF		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY - ST - 2IF		Change Addition
TITLE		☐ DELETE	5 1 7111 6		Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST- ZIP		
CITY+S1-ZIP TUTLE		DELFTE	6 1 1171.6		Change Addition
NAME			6.2 NAME		
STHEE! ADDRESS	;		6.3 STREET ADORESS		
CITY-ST-ZIP			6 4 CITY - ST ZIF	20 William S. William Bullett 11	2.07(2)/IA Florido Statutos I futbor

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 13 frehanged, or on an attachment with an address.

SIGNATURE:

3 - /2 - 96

4b7 - 747 - 7130

SIGNATURE AND TYPED DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 407-747-7130