

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000013209 (7)**  
 1. Corporation Name  
**MULTOPLEX PROPERTIES, INC.**

Principal Place of Business <b>111 EAST MADISON ST. SUITE 2300 TAMPA, FL</b>	Mailing Address <b>111 EAST MADISON ST. SUITE 2300 TAMPA, FL</b>
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3. Date Incorporated or Qualified <b>02/12/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0670564</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4912 Bay Way Place</b>	2a. Mailing Address 26 <b>P.O. Box 76881</b>
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State 23 <b>Tampa, FL</b>	City & State 28 <b>Tampa, FL</b>
Zip 24 <b>33629</b>	Country 25 <b>U.S.A.</b>
Country 29 <b>U.S.A.</b>	Zip 30 <b>33675-1881</b>

9. Name and Address of Current Registered Agent <b>BOGGS, DAVID 111 MADISON ST. SUITE 2300 TAMPA, FL 33602</b>	10. Name and Address of New Registered Agent 81 Name <b>SALVATORE A. ITALIANO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4912 BAY WAY PLACE</b> 83 84 City <b>TAMPA</b> 85 State <b>FL</b> 86 Zip Code <b>33629</b>
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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: *Salvatore A. Italiano* **Salvatore A. Italiano, Pres.** DATE: **4/7/97**

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
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	
11 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>P,S,T,D</b>
12 NAME	<b>SALVATORE A. ITALIANO</b>
13 STREET ADDRESS	<b>4912 BAY WAY PLACE</b>
14 CITY-ST-ZIP	<b>TAMPA, FL 33629</b>
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>100002178031</b>
52 NAME	<b>-05/14/97--01041--011</b>
53 STREET ADDRESS	<b>***165.00</b>
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	<b>CS</b>
63 STREET ADDRESS	<b>5/4/97</b>
64 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: *Salvatore A. Italiano* **Salvatore A. Italiano, Pres.** DATE: **4/7/97 (813) 247-4000**