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FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000013209 (7)

1. Corporation Name:
MULTIPLEX PROPERTIES, INC.

Principal Place of Business: **4912 BAYWAY PLACE TAMPA, FL 33629**

Mailing Address: **P.O. BOX 76881 TAMPA, FL 33675**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/96

2. Principal Place of Business

21 **1710 W. KENNEDY BLVD**

22 Suite, Apt. #, etc.

23 **TAMPA, FL**

24 **33606**

25 **U.S.A**

26 **1710 W. KENNEDY BLVD**

27 State, Apt. #, etc.

28 **TAMPA, FL**

29 **33606**

30 **U.S.A**

4. FEI Number
65-0670564

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SALVATORE A. ITALIANO
4912 BAYWAY PLACE
TAMPA, FL 33629

10. Name and Address of New Registered Agent

B1 Name **SALVATORE A. ITALIANO**

B2 Street Address (P.O. Box Number is Not Acceptable)
1710 W. KENNEDY BLVD.

B3

B4 City **TAMPA** FL B5 Zip Code **33606**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.** **4/16/98**

12. OFFICERS AND DIRECTORS

TITLE: **P, S, T, D** DELETE

NAME: **SALVATORE A. ITALIANO**

STREET ADDRESS: **4912 BAYWAY PLACE**

CITY-ST-ZIP: **TAMPA, FL 33629**

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

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS: **1710 W. KENNEDY BLVD.**

14 CITY-ST-ZIP: **TAMPA, FL 33606**

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE: *Salvatore A. Italiano* **4/16/98** (8/3) **351-1253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)