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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

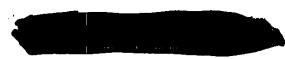
Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 267997

MULTI FLOW OF FLORIDA, INC.

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90098 028 \*\*\*150.00



Filicipal Flace of Business	Walling Address					
255 S.W. 21ST TERR: 255 S.W. 21ST TERR.   FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312				DO NOT WRITE IN THIS SI		
				<u></u>	PACE	
				3. Date Incorporated or Qualifed		
	· · · · · ·			03/14/1963		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-10318 <u>65</u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees		
Zip Country	Zip	Country	r	8. This corporation owes the current year Intan	gible	
24 25	29 30				JYes □No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
		81	Name			
GOTTLIEB, SAM						
255 S.W. 21ST TERRACE		82	82 Street Address (P.O. Box Number is Not Acceptable)			
FT.LAUDERDALE FL 33312		83				
		83				
		84	City	FL	85 Zip Code	
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS 13.		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

TITLE ☐ DELETE 1.1 TITLE ☐ Change Addition GOTTLIEB. SAMUEL NAME 1.2 NAME 255 S.W. 21ST TERR. 1.3 STREET ADDRESS STREET ADDRESS FT.LAUDERDALE FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GOTTLIEB, BERNARD NAME 22 NAME 255 S.W. 21ST TERR. STREET ADDRESS 2 3 STREET ADDRESS FT.LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TILE □ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 on 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 Block 12 or Block 13 if changed or the arrangement with an address, with all other like empowered.

SIGNATURE: