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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **428279** **(4)**

1. Corporation Name

**MULTICON OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2601 E OAKLAND PK BLVD<br>204<br>FT. LAUDERDALE FL 33306-1606<br>US | 2601 E OAKLAND PK BLVD<br>204<br>FT. LAUDERDALE FL 33306-1606<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1973**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **59-1588873** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: **SUITE 204**
Suite, Apt. #, etc. — 27: **SUITE 204**

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30

8. This corporation has liability for intangible tax under S. 199.032, *Florida Statutes* ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**DEINHARDT, JOHN B.**
**2601 E OAKLAND PARK BLVD**
**SUITE 204**
**FT. LAUDERDALE FL 33306-8613**

**10. Name and Address of New Registered Agent**

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
(Signature required for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PST | 11 TITLE | C/P/T/D | ☒ Change ☐ Addition |
| NAME | DEINHARDT, JOHN B. | 12 NAME | DEINHARDT, JOHN B. | |
| STREET ADDRESS | 2601 E OAKLAND PK BLVD.,STE.204 | 13 STREET ADDRESS | 2601 E. OAKLAND PK BLVD.,STE 204 | |
| CITY ST ZIP | FT. LAUDERDALE FL 33306 | 14 CITY ST ZIP | FT. LAUDERDALE, FL 33306 | |
| TITLE | D | 21 TITLE | VP/S | ☐ Change ☒ Addition |
| NAME | DEINHARDT, JOHN B. | 22 NAME | DEINHARDT, ELIZABETH C. | |
| STREET ADDRESS | 2601 E OAKLAND PK BLVD.,STE.204 | 23 STREET ADDRESS | 2601 E. OAKLAND PK BLVD.,STE 204 | |
| CITY ST ZIP | FT. LAUDERDALE FL 33306 | 24 CITY ST ZIP | FT. LAUDERDALE, FL 33306 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

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)(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:** *John B. Deinhardt* April 25, 1995 (305) 563-5700
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
JOHN B. DEINHARDT

0213435 CP