


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

FILED
Apr 24 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 # 428279 (4) 1. Corporation Name MULTICON OF FLORIDA, INC.			
Principal Place of Business 2601 E OAKLAND PK BLVD SUITE 204 FT. LAUDERDALE FL 33306-1606 US		Mailing Address 2601 E OAKLAND PK BLVD SUITE 204 FT. LAUDERDALE FL 33306-1606 US	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1973		4. FEI Number 59-1588873		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent DEINHARDT, JOHN B. 2801 E OAKLAND PARK BLVD SUITE 204 FT. LAUDERDALE FL 33306-8613		10. Name and Address of New Registered Agent			
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		81. Name	
22. City & State		27. City & State		82. Street Address (P.O. Box Number is Not Acceptable)	
23. Zip		28. Zip		83.	
24. Country		29. Country		84. City	
25.		30.		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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINHARDT, JOHN B.	1.2 NAME	
STREET ADDRESS	2801 E OAKLAND PK BLVD., STE. 204	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINHARDT, JOHN B.	2.2 NAME	
STREET ADDRESS	2801 E OAKLAND PK BLVD., STE. 204	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33306	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINHARDT, ELIZABETH C.	3.2 NAME	
STREET ADDRESS	2801 E OAKLAND PK BLVD., SUITE 204	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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. Deinhart, President

4/2/98

CR2E034 (10/97)