

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 490152 (6)

1. Corporation Name
MULTIFUNDING, INC.

Principal Place of Business
5340 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064

Mailing Address
5340 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/19/1975	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1631896	Applied For Not Applicable
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 has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEUTSCH, DONALD N
2960 NORTHEAST 45TH STREET
LIGHTHOUSE PNT FL 33064

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	DEUTSCH, JOAN B	1.2 NAME	JOAN B DEUTSCH
STREET ADDRESS	2960 NE 45TH ST	1.3 STREET ADDRESS	2960 NE 45TH ST
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000	1.4 CITY - ST - ZIP	LIGHTHOUSE PT FL 33064
TITLE	PD	2.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	DEUTSCH, DONALD N	2.2 NAME	JILL A. PARADISE
STREET ADDRESS	2960 NE 45TH ST	2.3 STREET ADDRESS	5294 NW 84th WAY
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000	2.4 CITY - ST - ZIP	CORAL SPRINGS FL 33067
TITLE		3.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME		3.2 NAME	DONALD N DEUTSCH
STREET ADDRESS		3.3 STREET ADDRESS	2960 NE 45TH ST
CITY - ST - ZIP		3.4 CITY - ST - ZIP	LIGHTHOUSE PT FL 33064
TITLE		4.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME		4.2 NAME	JOAN B DEUTSCH
STREET ADDRESS		4.3 STREET ADDRESS	2960 NE 45TH ST
CITY - ST - ZIP		4.4 CITY - ST - ZIP	LIGHTHOUSE PT FL 33064
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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:

JOAN B DEUTSCH
Signature and Typed or Printed Name of Signing Officer or Director

4-20-95

(305) 427-7300