FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **490152** **(6)**

1. Corporation Name

MULTIFUNDING, INC.

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

3. Date Incorporated or Qualified: **11/19/1975**

3a. Date of Last Report: **04/26/1995**

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 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Street: 4701 N. FED. HWY	26 Street: PO Box 5850
22 Suite, Apt. #, etc.: 304	27 Suite, Apt. #, etc.
23 City & State: LIGHTHOUSE PT. FL	28 City & State: LIGHTHOUSE PT FL
24 Zip: 33064 25 Country: BROWARD	29 Zip: 33074 30 Country: BROWARD

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: JOAN B DEUTSCH
82 Street Address (P.O. Box Number is Not Acceptable): 2960 NE 45th ST
83
84 City: LIGHTHOUSE PT FL 85 Zip Code: 33064

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: JOAN B DEUTSCH Joan B Deutsch 4-12-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEUTSCH, JOAN B		1.2 NAME		
STREET ADDRESS	2960 NE 45TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARADISE, JILL A		2.2 NAME		
STREET ADDRESS	5299 NW 84TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEUTSCH, DONALD N		3.2 NAME		
STREET ADDRESS	2960 NE 45TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEUTSCH, JOAN B		4.2 NAME		
STREET ADDRESS	2960 NE 45TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 Joan B Deutsch 4-12-96 (954) 943-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #