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Mar 19 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 # **490152** **(6)**

1. Corporation Name
MULTIFUNDING, INC.

Principal Place of Business	Mailing Address
4701 NORTH FEDERAL HWY SUITE 304 LIGHTHOUSE POINT FL 33064 US	P.O. BOX 5850 LIGHTHOUSE POINT FL 33074 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2960 NE 45th ST	2a. Mailing Address 26 PO Box 5850
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIGHTHOUSE PT FL	City & State 28 HIGHTHOUSE PT. FL
Zip / Country 24 33064 / 25	Zip / Country 29 33074 / 30

3. Date Incorporated or Qualified
11/19/1975

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEUTSCH, JOAN B. 2960 NE 45TH STREET LIGHTHOUSE PNT FL 33064	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 (10/97)

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: Joan B Deutsch 3-12-98 (954)943-2700