

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **832191** (1)
1. Corporation Name
MULTIVEST REAL ESTATE, INC.



Principal Place of Business 6100 GLADES RD., SUITE 205 BOCA RATON FL 33434	Mailing Address 6100 GLADES RD., SUITE 205 BOCA RATON FL 33434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7280 W. Palmetto Park Rd. Suite, Apt. #, etc. 209 City & State Boca Raton, FL Zip 33433 Country USA		2a. Mailing Address 26 7280 W. Palmetto Park Rd. Suite, Apt. #, etc. 209 City & State Boca Raton, FL Zip 33433 Country USA		3. Date Incorporated or Qualified 04/17/1974	
22 209		27 209		4. FEI Number 38-1914579	
23 Boca Raton, FL		28 Boca Raton, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33433		29 33433		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		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

**TOOMEY, PAUL D.
6100 GLADES RD
SUITE 205
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name Richard L. Davis
82 Street Address (P.O. Box Number is Not Acceptable) 7280 W. Palmetto Park Rd., Suite 209
83
84 City Boca Raton
85 Zip Code FL 33433

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 **Richard L. Davis**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **07/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE DAVIS, RICHARD L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, RICHARD L.		1.2 NAME	
STREET ADDRESS 6100 GLADES ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLGAN, JAMES F.		2.2 NAME	
STREET ADDRESS 6100 GLADES ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE VST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOOMEY, PAUL D.		3.2 NAME	
STREET ADDRESS 6100 GLADES ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLTYN, DAVID		4.2 NAME	
STREET ADDRESS 6100 GLADES ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KICKHAM, EDWARD F.		5.2 NAME	
STREET ADDRESS 6100 GLADES ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: **Richard L. Davis** (561) 395-7559

CR2E034 (5/98)