

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90015 017 \*\*\*150.00

USA/CA/12

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000004273**

1. Corporation Name  
**MULTI-PURE CORPORATION**



|  |  |
|--|--|
| Principal Place of Business                    | Mailing Address                                |
| 7251 CATHEDRAL ROCK DR.<br>LAS VEGASH NV 89128 | 7251 CATHEDRAL ROCK DR.<br>LAS VEGASH NV 89128 |

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | Applied For   |
| 09/21/1993  | Not Applicable  |
| 4. FEI Number   |   |
| 95-3763251  |   |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| <input type="checkbox"/>  |   |
| 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be Added to Fees   |
| <input type="checkbox"/>  |   |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DC                      | <input type="checkbox"/> DELETE |
| NAME           | RICE, H. ALLEN          |                                 |
| STREET ADDRESS | 7251 CATHEDRAL ROCK DR. |                                 |
| CITY-ST-ZIP    | LAS VEGASLLS NV 89128   |                                 |
| TITLE          | DPS                     | <input type="checkbox"/> DELETE |
| NAME           | RICE, ALVIN E           |                                 |
| STREET ADDRESS | 7251 CATHEDRAL ROCK DR. |                                 |
| CITY-ST-ZIP    | LAS VEGASLLS NV 89128   |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | President           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                     |  |
| 1.3 STREET ADDRESS |                     |  |
| 1.4 CITY-ST-ZIP    |                     |  |
| 2.1 TITLE          | Secretary/Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                     |  |
| 2.3 STREET ADDRESS |                     |  |
| 2.4 CITY-ST-ZIP    |                     |  |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                     |  |
| 3.3 STREET ADDRESS |                     |  |
| 3.4 CITY-ST-ZIP    |                     |  |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |  |
| 4.3 STREET ADDRESS |                     |  |
| 4.4 CITY-ST-ZIP    |                     |  |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |  |
| 5.3 STREET ADDRESS |                     |  |
| 5.4 CITY-ST-ZIP    |                     |  |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |  |
| 6.3 STREET ADDRESS |                     |  |
| 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, with an officer like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 702 360-8880  
 Date Daytime Phone #

CR2E034 (1/98)