FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J23408 (4)

1. Corporation Name
MULTICON SOUTHEAST, INC.

Principal Place of Business	Mailing Address
% JOHN B. DEINHARDT ~~4736 GRAPEVINE WAY~~ ~~DAVIE FL 33331~~	% JOHN B. DEINHARDT ~~4736 GRAPEVINE WAY~~ ~~DAVIE FL 33331~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1986
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 E. Oakland Pk Blv	26 2601 E.Oakland Pk Blv
Suite, Apt. #, etc. 22 Suite 204	Suite, Apt. #, etc. 27 Suite 204
City & State 23 Ft. Lauderdale, Fl	City & State 28 Ft. Lauderdale, Fl
Zip / Country 24 33306 / 25 USA	Zip / Country 29 33306 / 30 USA

4. FEI Number: 59-2697498 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEINHARDT, JOHN B. 2601 E OAKLAND PARK BLVD, STE 202 FT. LAUDERDALE FL 33306-6613	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) SUITE 204 03 04 City FL 05 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	CST	11 TITLE	C/VP/T/D	☒ Change ☐ Addition
NAME	DEINHARDT, JOHN B.	12 NAME		
STREET ADDRESS	2601 E OAKLAND PK S202	13 STREET ADDRESS	Suite 204	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	P/AS/D	☒ Change ☐ Addition
NAME	ARBIB, JOHN A.	22 NAME	DEINHARDT, JOHN C.	
STREET ADDRESS	4736 GRAPEVINE WAY	23 STREET ADDRESS	2601 E. OAKLAND PARK BLVD. STE204	
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	D	31 TITLE	S/D	☒ Change ☐ Addition
NAME	DEINHARDT, JOHN, B	32 NAME	DEINHARDT, ELIZABETH C.	
STREET ADDRESS	2601 E OAKLAND PRK S202	33 STREET ADDRESS	2601 E. OAKLAND PARK BLVD. STE204	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: _____ President 4/13/95 305/662-1518
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Title — Daytime Phone #

0230042 CP