

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J23408

(4)

1. Corporation Name

MULTICON SOUTHEAST, INC.



Principal Place of Business

2601 E. OAKLAND PK. BLV.
SUITE 204
FT. LAUDERDALE FL 33306
US

Mailing Address

2601 E. OAKLAND PK. BLV.
SUITE 204
FT. LAUDERDALE FL 33306
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

DEINHARDT, JOHN B.
SUITE 204
FT. LAUDERDALE FL 33306-8613

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this statement with the Department of State

Signature of the Agent for the corporation, if different from the filer

Date:

12. OFFICERS AND DIRECTORS

TITLE	CVTD	☐ DELETE
NAME	DEINHARDT, JOHN B.	
STREET ADDRESS	SUITE 204	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	PASD	☐ DELETE
NAME	DEINHARDT, JOHN C	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD. STE 204	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	SD	☐ DELETE
NAME	DEINHARDT, ELIZABETH C	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD. STE 204	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE	CPTD	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	ASD	☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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)(g), 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 of this report, or as an attachment with an affidavit.

SIGNATURE:

John B. Deinhardt Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

937-563-5700

CR2E034 (12/95)