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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J23408

(4)

MULTICON SOUTHEAST, INC.

FILED									
May 01 1997 8:00am									
Secretary of State									



Principal Place	e of Business	Mailing Address					E 1200/10 01/0 (1000 1/4)/ 010/1 00/01/01/01/01/01/01/01/01/01/01/01/01/0			
2801 E. OAKLA		2601 E. OAKLAND PK. BLV.								
SUITE 204		SUITE 204								
FY, LAUDERDA	LE FL 33306		ALE FL 33306-16	12			1			
US		US				3. Date Incorporated or Qualified 07/10/1986	07/10/1986 05/01/1996			
	lace of Business	2a. Mailing Address				4. FEI Number			oplied For	
21		26				59-2697498			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing	\$5.00 May Be			
23	28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		Country	/	8. This corporation has liability for in			s. 199.032,	
24	25	29	30	L			Yes 🗌			
ļ <u>. </u>	9. Name and Address of Current F	legistered Ager	n!	81	1-14	10. Name and Address of New Re	istered Ag	ent		
DEMNARDI, JOHN D.					Name					
SUITE 204				82	Street A	ddress (P.O. Box Number is Not Acceptab	e)			
FT. LAUDERDALE FL 33306-8613					ļ					
				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502 a	ind 607.1508, FI	orida Statutes, t	L the abov	e-named c	corporation submits this statement for the p	urpose of ci	nanging i	ts registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Horida, Such et	nange was auth	orized b	y the corpo	oration's board of directors. I hereby accep	t the appoir	itment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	(NOTE Re	gistered Ag	ent signature r	equired when relistating)	DATE			
12.	OFFICERS AND D	DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12	
TITLE	CPTD		DELETE	11 TITLE				Change	Addition	
NAME	DEINHARDT, JOHN B .			1.2 NAME						
STREET ADDRESS	SUITE 204			1.3 STREE	1 ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-	ST-ZIP					
TITLE	ASD		DELETE	2 1 TITLE			L	Change	Addition	
NAME	DEINHARDT, JOHN C			2.2 NAME						
STREET ADDRESS	2601 E. OAKLAND PARK BLVD.	STE 204		2.3 STREE	LADORESS				[
CITY-ST-ZIP	FT. LAUDERDALE FL	···	551575	2 4 CITY-	S1 - ZIP			1 75		
TITLE	SD CHARLES CHARLES	L.	DELETE	3 1 TITLE			L.	Change	☐ Addition	
NAME	DEINHARDT, ELIZABETH C	OTE 004		3.2 NAME					1	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD.	01E 204			1 ADDRESS					
CITY-ST-ZIP	FT. LAUDERDLE FL		DELETE	34. CITY-	ST-ZIP			Change	Addition	
TITLE		L.	DELLIE	411011	-			_ vhange	AUUNION	
NAME PERFECT ADDRESS				4 2 NAME						
STREET ADDRESS	¥				1 ADDRESS					
CITY-ST-ZIP TITLE			DELETE	44 CITY- 51 TITLE	SI-ZIP		Г	Change	Addition	
NAME		L	DELLIC	52 NAME			_	_ onange		
			ı		LADDDECC					
STREET ADDRESS				1	I ADDRESS					
CITY-ST-ZIP TITLE		_	DELETE	54 CITY- 61 TITLE	51 · ZIF			Change	Addition	
		L		62 NAME			-	_,		
NAME CTREET ADDRESS					T ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP	L		1	64 CITY-	31-217					

14. I do 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 changod. Or on an attachment with agraddress.

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001-612-57