## 4.24.98 B 5538 -C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

2601 E. OAKLAND PK. BLV.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # J23408

(4)

2601 E. OAKLAND PK. BLV.

Mailing Address

MULTICON SOUTHEAST, INC.

Apr 24 1998 8:00am
Secretary of State

EII ED



SUITE 204 FT. LAUDERDALE FL 33306		SUITE 204 FT. LAUDERDALE FL 33306				DO NOT WRITE IN THIS SPACE		
US		U\$				3. Date Incorporated or Qualified 07/10/1986		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21 26						59-2697498 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				L**		SR 75 Additional		
27						5. Certificate of Status Desired Fee Regulred		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29 3	0			Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
DE	NHARDT, JOHN B.			81	Name			
SUITE 204				82 Street Address (P.O. Box Number is Not Acceptable)				
FT.	LAUDERDALE FL 33306-8613		- 1	62	Sueer	Address (P.O. Box Number is Not Acceptable)		
• •			ŀ	83				
						The state of the s		
				84	City	FL 85 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								
	Signature, typed or printed name of registered agen-			Ager	nt signature	required when reinstaling) DATE		
12.	OFFICERS AND  CPTD		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.5 THT	LF		CPTSD X Change Addition		
NAME	DEINHARDT, JOHN B.		1.2 NA	ME		DEINHARDT, JOHN B.		
STREET ADDRESS	SUITE 204		1.3 STF	REET A	address	SUITE 204		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CIT	Y-ST	- ZIP	FT. LAUDERDALE, FL 33306		
TITLE	ASD	<b>₹</b> DÉLÉTE	2.1 TIT	LE		Change Addition		
NAME			2.2 NA	ME				
STREET ADDRESS	2601 E. OAKLAND PARK BLVI	). STE 204	2.3 STF	REET A	address			
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CI	TY - \$1	T-ZiP			
TITLE	SD	<b>₩</b> DELETE	3.1 TIT	LE		☐ Change ☐ Addition		
NAME	DEINHARDT, ELIZABETH C		3.2 NA	ΜE				
STREET ADDRESS	2601 E. OAKLAND PARK BLVI	). STE 204	3.3 STF	REET	ADDRESS			
CITY-ST-ZIP	ft. Lauderdle fl		3.4. CI1	TY - S1	T-21P			
TITLE		DELETE	4.1 TIT			Change Addition		
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT		i			
TITLE		☐ DELETE	5.1 TITE			☐ Change ☐ Addition		
NAME			5.2 NA)			,		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT	-				
TITLE		☐ DELETE	6.1 TITL		- LIF	Change Addition		
NAME			6.2 NAM			S.angv S.angv		
STREET ADDRESS					address			
DINEEL WORKSO			0.3 3 H	1661 #	ULMESS			

14. It 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 roceiver 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

CR2E034 (10/97)