FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300000578 (5)

MULTI-CULTURAL RESOURCES, INC.

| Principal Place | e of Business | Mailing Address | | | 18 18 17 18 18 18 18 18 |
|---|---|---|--|--|---|
| B9-EAGT-OHUROH-GTREET 2ND-T-LOON GREANDO-FL-32801 | | -99-EAST-CHURCH-STREET -2ND-FLOOR -ORLANDO-FL-32801-3407 | | | |
| GILLINGO TE 1 | NECUT | CHEMIDO TE SESSIVITO | | 3. Date Incorporated or Qualified 02/10/1993 | 3a. Date of Last Report 12/31/1996 |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 P. C | #, etc. | 26 7. O. Box 33 | 332 | 59-3150404 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | Cily & Stato | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 0 | Indo, Florida | | Floridy | Trust Fund Contribution | Added to Fees |
| Zip 24 | - 3733 25 U.S. A | Zip 29 32803 - 3332. 3 | Country O U.S.A. | 8. This corporation has liability for in Florida Statules | intangible tax under s. 199.032, Tyes DTNo |
| 24 74.60(1 | 9. Name and Address of Curre | | -0.51 | 10. Name and Address of New Re | |
| | | <u> </u> | 81 Name | | <u> </u> |
| HAWKIN | IS, PRISCILLA A | | 82 Street | Address (D.O. Deu Humber in Net Assentati | 1-3 |
| 39 EAST-CHURCH-STREET | | | | Address (P.O. Box Number is Not Acceptate | ne) & |
| 2ND FL | | | 83 | 7. 13 (10.300) | |
| | OO FL 32805 | | \ <u>-\</u> - | ······································ | |
| 4 , (5 %) | | | 84 City ← | Palluhasse e | FL 85 Zip Code 30 3 10 |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statutes | s, the above-named | corporation submits this statement for the p | ourpose of changing its registered |
| office or ri agent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was au gations of, Section 617.0503, Flori | ithorized by the corp ida Statutes. | corporation submits this statement for the poration's board of directors. I hereby accep | ot the appointment as registered |
| SIGNATURE . | | | | | ALL |
| 12. | Signature, typed or printed name of registered ag OFFICERS Aft | ND DIRECTORS | Registered Agent signature 13. | required when re-instating) ADDITIONS/CHANGES TO OFFICE | DATE CERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | Change |
| NAME | HAWKINS, PRISCILLA A | | 1,2 NAME | | |
| STREET ADDRESS | 00 EAST CHURCH ST | | 1.3 STREET ADDRESS | 6033 Button Willow lan | 4 |
| CITY-ST-ZIP | ORLANDO FL 92801 | | 1.4 CITY-ST-7IP | Tatlelessee, FL 30 | 1310 |
| TITLE | D | ☐ DELE1E | 2.1 TITLE | | Change Addition |
| NAME | GLOVER, CHESTER | | 22 NAME | | |
| STREET ADDRESS | 5807 ELON DRIVE | | 23 STREET ADDRESS | | 2 |
| CITY-ST-ZIP | ORLANDO FL 32808 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | D COUNTY | DELETE | ⊕ 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RIVERS, JOHNNY | NIDT | 3.2 NAME | | |
| STREET ADDRESS | 12101 CRESCENT COVE CO WINDEMERE FL 34786 | JUNI | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | THRUEMENE PL 34/00 | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | L.J DELETE | 4.1 THLE 4. 2 NAME | | L change L Adortion |
| STREET ADDRESS | | | 4. 2 NAME 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | , | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | , | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 DiTY-ST-ZIP | | |
| TITLE | | ☐ DELE1E | 6.1 TITLE | | Change Addition |
| NAME . | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| 1 | | | • | | |

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 outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.