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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:01

DOCUMENT # **N94000003005 (5)**

1. Corporation Name

MULTI-SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
519 E LIVINGSTON STREET ORLANDO FL 32803	519 E LIVINGSTON STREET ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3212504 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: P.O. Box 533072
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Orlando, FL
Zip 24 / County 25	Zip 29: 32853-3072 / County 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANDOR, JEAN R
519 E LIVINGSTON STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: CLARA L. RUIZ
82 Street Address (P.O. Box Number is Not Acceptable): 519 E. Livingston St.
83
84 City: Orlando, FL — FL — 85 Zip Code: 32803

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	PD	11 TITLE	Pres ☒ Change ☐ Addition
NAME	SANDOR, JEAN R	12 NAME	Clara L. Ruiz D
STREET ADDRESS	2821 CONWAY GARDENS RD	13 STREET ADDRESS	519 E. Livingston St.
CITY-ST-ZIP	ORLANDO FL 32806	14 CITY-ST-ZIP	Orlando, FL 32803
TITLE	VD	21 TITLE	Myriam Diaz, Sec. ☒ Change ☐ Addition
NAME	RUIZ, ANTONIO A	22 NAME	4178 S. Chickasaw Tr. D
STREET ADDRESS	519 E LIVINGSTON ST	23 STREET ADDRESS	Orlando, FL 32825
CITY-ST-ZIP	ORLANDO FL 32803	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	Thomas Clingan, Treasurer ☒ Change ☐ Addition
NAME	RUIZ, CLARA L	32 NAME	1002 Faber Dr. D
STREET ADDRESS	519 E LIVINGSTON STREET	33 STREET ADDRESS	Orlando, FL 328[illegible]
CITY-ST-ZIP	ORLANDO FL 32803	34 CITY-ST-ZIP	
TITLE		41 TITLE	Vice-Pres ☒ Change ☐ Addition
NAME		42 NAME	Arcadio Vargara D
STREET ADDRESS		43 STREET ADDRESS	452 Longmire Dr.
CITY-ST-ZIP		44 CITY-ST-ZIP	Lake Mary, FL 32746
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clara L. Ruiz — 5/17/95 — (407) 381-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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