

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**P.O. BOX 533072  
ORLANDO FL 32803  
US**

3. Date Incorporated or Qualified

**10/22/1993**

4. FEI Number

**59-3212504**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUIZ, CLARA L.  
519 E LIVINGSTON STREET  
ORLANDO FL 32803**

**81** Name

**82** Street Address (P.O. Box Number Is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, CLARA L.</b>	
STREET ADDRESS	<b>519 E. LIVINGSTON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>DTS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HADDOCK-RIVERA, LEYDA</b>	
STREET ADDRESS	<b>3287 WESTRIDGE BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	

TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEDESMA, IRIS</b>	
STREET ADDRESS	<b>1315 SASSAFRAS AVE</b>	
CITY-ST-ZIP	<b>ALTOMONTE SPRINGS FL 32814</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>Director</b>
1.2 NAME	<b>Bucky Wright</b>
1.3 STREET ADDRESS	<b>c/o 255 S. Orange Ave., Ste. 701</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>

2.1 TITLE	<b>VicePresident</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Alma Berrios, Dr.</b>	
2.3 STREET ADDRESS	<b>615 E. Princeton St., Suite 101</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>	

3.1 TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ivette Zapata</b>	
3.3 STREET ADDRESS	<b>1306 E. Washington St.</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>	

4.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Iris Ledesma</b>	
4.3 STREET ADDRESS	<b>1315 Sassafras Ave.</b>	
4.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>	

5.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Leida Haddock</b>	
5.3 STREET ADDRESS	<b>7324 Della Dr.</b>	
5.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>	

6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Grace Fitch</b>	
6.3 STREET ADDRESS	<b>5509 Bay Lagoon Cir.</b>	
6.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>	

14. I 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 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 (CLARA L. RUIZ)** **3/19/98** **(409) 381-0930**

CR2E037 (10/97)