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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P06962 (5)
1. Corporation Name
MULTI-PROP. SERVICES, INC.

Principal Place of Business
363 PIERCE AVENUE
P.O. BOX 7225
MACON GA 31209

Mailing Address
363 PIERCE AVENUE
P.O. BOX 7225
MACON GA 31209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite/Apt. #, etc.		26 Suite/Apt. #, etc.		08/02/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		58-1540689	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOELEMU, JOHANNES J. 641 MCDONNELL DRIVE TALLAHASSEE FL 32304		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	CLEVELAND, R. J.	1.2 NAME	
STREET ADDRESS	4411 NORTHSIDR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 31210	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	KOELEMU, JOHANNES J.	2.2 NAME	
STREET ADDRESS	641 MCDONNELL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	EVANS, ANN T.	3.2 NAME	
STREET ADDRESS	RT 14 BOX 1445	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 31211	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 principal or person 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 attached sheet with an address.

SIGNATURE: _____ 02/27/98 9:12 - 475.9890

CR2E034 (10/97)