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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P25364 (1)

1. Corporation Name
MULTIONE FINANCIAL SERVICES, INC.

Principal Place of Business

1104 MADISON PLAZA, S103
P. O. BOX 2686
CHESAPEAKE VA 23327-9686

Mailing Address

1104 MADISON PLAZA, S103
P. O. BOX 2686
CHESAPEAKE VA 23327-2686



3. Date Incorporated or Qualified
07/21/1989

3a. Date of Last Report
04/19/1996

4. FEI Number

54-1478043

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BARBOUR, ROBERT
2841 N.E. 8TH COURT
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

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 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 agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	BARBOUR, J. ROBERT	1409 COBBLE SCOTT WAY	CHESAPEAKE VA	<input type="checkbox"/>
ASD	DODSON, NORRIS	1440 LEEGATE RD., N.W.	WASHINGTON DC	<input type="checkbox"/>
C	PATCH, PETER	22 BRUSH HILL RD.	NEWTON MA	<input type="checkbox"/>
SV	BARBOUR, J. ROBERT	1409 COBBLE SCOTT WAY	CHESAPEAKE VA	<input checked="" type="checkbox"/>
D	COUNTEE, CHARLES	7509 17 ST NW	WASHINGTON DC	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
President, Director, and Secretary				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Director	Parnell, John	1317 Thyme Trail	Chesapeake, VA 23320	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Robert Barbour* J. Robert Barbour 4/21/97 (757) 436-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0499950

CR2E034 (9/96)