FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

Clue FN $208.75

DOCUMENT # P94000000218 (5)

1. Corporation Name

U.S. MULTICO, INC.

Principal Place of Business	Mailing Address
5195 FOXHALL DR. N. WEST PALM BEACH FL 33417	5195 FOXHALL DR. N. WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified: 01/03/1994	3a. Date of Last Report: 06/15/1995
4. FEI Number: NOT APPLICABLE	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

HARVEY, JAMES M
% FLORIDA GOVERMENT RELATIONS
250 AUSTRALIAN AVE. S. STE.500
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name: HARVEY, JAMES M
82 Street Address (P.O. Box Number is Not Acceptable): 5195 FOXHALL DR NORTH
83
84 City: WEST PALM BCH FL 85 Zip Code: 33417

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: JAMES M HARVEY [signature] DATE: 1/17/96
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HARVEY, SUZANNE	
STREET ADDRESS	5195 FOXHALL DR N	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	☐ DELETE
NAME	QUAN, DANIELLE	
STREET ADDRESS	2100-18 CONTINENTAL AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	☑ Change ☐ Addition
1.2 NAME	SUZANNE HARVEY	
1.3 STREET ADDRESS	5195 FOXHALL DR NORTH	
1.4 CITY-ST-ZIP	WEST PALM BCH, FL 33417	
2.1 TITLE	TREASURER, SECRETARY	☑ Change ☐ Addition
2.2 NAME	DANIELLE QUAN	
2.3 STREET ADDRESS	2107 CHASTAIN DR	
2.4 CITY-ST-ZIP	ATLANTA, GA 30342	
3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
3.2 NAME	JAMES M HARVEY	
3.3 STREET ADDRESS	5195 FOXHALL DR NORTH	
3.4 CITY-ST-ZIP	WEST PALM BCH, FL 33417	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: Suzanne Harvey [signature] 1/22/96 (407) 687-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUZANNE HARVEY