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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000027095 (6)**

1. Corporation Name
MULTITECH BROKERAGE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
100 SECOND AVE N SUITE 311 ST PETERSBURG FL 33701	100 SECOND AVE N SUITE 311 ST PETERSBURG FL 33701-3338

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 424 CENTRAL AVE
22 Suite 500
23 ST. PETERSBURG, FL.
24 33701 Country 25 PINELLAS

2a. Mailing Address
26 424 CENTRAL AVE
27 Suite 500
28 ST. PETERSBURG, FL.
29 33701 Country 30 PINELLAS

4. FEI Number: 59-3234205 ☐ 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

9. Name and Address of Current Registered Agent
TERLIP, JOHN J
2418 WOODLAWN CIRCLE E
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent
81 Name: JOHN J. TERLIP
82 Street Address (P.O. Box Number is Not Acceptable): 424 CENTRAL AVE
83 SUITE 500
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIPKIS, ERWIN C 319 BALTUSTROL CIR ROSLYN NY 11576	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERLIP, JOHN J 100 SECOND AVE N #311 ST PETERSBURG FL 33701	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAZELIP, T. RADFORD 9100 SHELBYVILLE RD. LOUISVILLE KY 40222	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCPARTLAND, FRANK J 3452 CARROLTON AVE. WANTAGH NY 11793	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AYOTTE, RICHARD A 424 CENTRAL AVE. 5TH FLOOR ST PETERSBURG FL 33701	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: [illegible] JOHN J. TERLIP 6-2-97 813-894-7600