2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550,00

Delete

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12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

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NAME

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NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

DOCUMENT # **P94000068259** MULTI-CON ENTERPRISES, INC. Principal Place of Business Mailing Address 116 ORIENTA DR. 116 ORIENTA DR. ALTAMONTE SPRINGS FL 32701-5224 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

PHILLIPS, THOMAS G

ALTAMONTE SPRINGS FL 32701

9. This corporation is eligible to satisfy its Intangible

PHILLIPS, THOMAS GRAHAM

ALTAMONTE SPRINGS FL

Tax filing requirement and elects to do so.

116 ORIENTA DR.

(See criteria on back)

116 ORIENTA DR.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME STREET ADDRESS

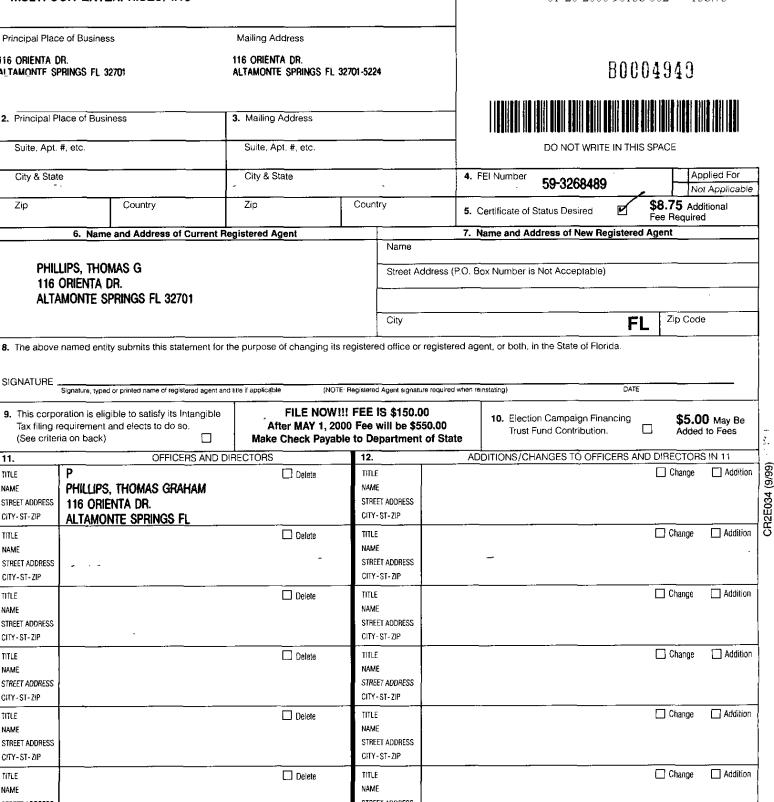
TITLE

NAME STREET ADDRESS

11.

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90158 002 ***158.75



CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS GRAHAM Ph.//.ys 1-14-00 401-831-1938