## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000080551 (1) **DOCUMENT #** 

 Corporation Name MULTIPLE CHOICE PROPERTIES, INC. Mailing Address Principal Place of Business 3626 NW 82ND TER. 3626 NW 82ND TER. SUNRISE FL 33351 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report MIA 10/20/1995 Applied For 4. FE; Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032. Country Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HOLLANDER, RHONDA ESQ. 1861 N. FEDERAL HWY., #251 83 HOLLYWOOD FL 33020 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (NOTE: Registeral Agest Supplied Signature, typed or protect name of regimeral agent and title if applying ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. \_\_\_\_ Addition Change DELETE DPT TITLE 1.2 NAME GIL, JORGE NAME 3626 NW 82ND TER 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 14 CITY - ST ZIP CITY - ST - ZIE Change Addition DELETE 2 1 TITLS DVS TITLE SCHEMBRI, CRAIG 22 NAME 2.3 STREET ADDRESS 3626 NW 82ND TER. STREET ADDRESS SUNRISE FL 33351 2.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addit on DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ACIONESS STREET ADDRESS 3 4 City - \$1 - 7(P CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 Off y ST-209 CITY - ST - ZIP Addition Change DELETE 5.1 THE 700001844267 TITLE -05/30/96--01033--040 5.2 NAME NAME 5.3 STREET ADDRESS \*\*\*225.00 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF ☐ Change ☐ Addit on DELETE 6 1 1 TLE

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 1:19.07(3)(k). Florida Statutes. I further certify that the information indicated on this arrival report or a upplemental 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 eceiver 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 in changed, or on an attact, then the corporation and other sections.

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-730-0900

29-96

CR2E034 (12/95)