

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000014359
1. Corporation Name
MULTI-FAMILY PARTNERS, INC.

Principal Place of Business 2455 HOLLYWOOD BLVD.
HOLLYWOOD, FL.
33020

Mailing Address SAME

2. Principal Place of Business 2455 HOLLYWOOD BLVD
21 208
22 HOLLYWOOD, FL.
23 33020
24 FLORIDA
25 33020
26 208
27 HOLLYWOOD, FL.
28 33020
29 FLORIDA
30 33020

3. Date Incorporated or Qualified FEB 15, 1996
3a. Date of Last Report
4. FEI Number 65-0649115
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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
JERARREY GREENE
2455 HOLLYWOOD BLVD
HOLLYWOOD, FL. 33020

10. Name and Address of New Registered Agent
81 TINA BYRNS GREENE
82 2455 HOLLYWOOD BLVD
83
84 HOLLYWOOD **85** FL **86** 33020

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] **DATE** 9/18/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<u>PRESIDENT</u>	<u>JERARREY GREENE</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<u>VICE PRES</u>	<u>BRADLEY W. VIDA</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<u>DIRECTOR</u>	<u>TINA BYRNS GREENE</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<u>VICE PRES</u>	<u>BRADLEY W. VIDA</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
<u>DIRECTOR</u>	<u>TINA BYRNS GREENE</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<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-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>VICE PRESIDENT</u>	<u>BRADLEY W. VIDA</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<u>DIRECTOR</u>	<u>TINA BYRNS GREENE</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>VICE PRES</u>	<u>BRADLEY W. VIDA</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>DIRECTOR</u>	<u>TINA BYRNS GREENE</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>VICE PRES</u>	<u>BRADLEY W. VIDA</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>DIRECTOR</u>	<u>TINA BYRNS GREENE</u>	<u>2455 HOLLYWOOD BLVD</u>	<u>HOLLYWOOD, FL. 33020</u>	<input 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: [Signature] **DATE** 9/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT
Daytime Phone # 453-1100

CR2E034 (9/96)