

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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094498 (8)

1. Corporation Name  
MULTIPLE 8, INC.

Principal Place of Business

Mailing Address

~~2705 WOODVILLE COURT~~  
CLEARWATER FL 34621

~~2705 WOODVILLE COURT~~  
CLEARWATER FL 34621

2. Principal Place of Business

2a. Mailing Address

21 10829 N. 56th Street

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TEMPLE TERRACE

27

City & State

City & State

23 FL.

28

24 33617

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/15/1996 69-342-5799

4. FEI Number

Applied For

39-27-189922-08-5

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

10. Name and Address of New Registered Agent

NG, PETER

~~2705 WOODVILLE COURT~~  
CLEARWATER FL 34621

1001 LAKE COOPER DR  
LUTZ FL 33549

81 Name

PETER NG

82 Street Address (P.O. Box Number is Not Acceptable)

1001 LAKE COOPER DR.

83

84 City

LUTZ

FL

85 Zip Code

33549

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D President ☐ DELETE  
NAME NG, PETER  
STREET ADDRESS 1001 LAKE COOPER DR  
CITY-ST-ZIP LUTZ, FL 33549  
~~2705 WOODVILLE COURT~~  
~~CLEARWATER FL 34621~~

TITLE D VICE President ☐ DELETE  
NAME NG, TZE-CHING  
STREET ADDRESS 2705 WOODVILLE COURT  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE SECRETARY ☐ DELETE  
NAME WINTER NG  
STREET ADDRESS 1001 LAKE COOPER DR  
CITY-ST-ZIP LUTZ, FL 33549

TITLE Treasurer ☐ DELETE  
NAME GARY NG  
STREET ADDRESS 1001 LAKE COOPER DR  
CITY-ST-ZIP LUTZ, FL 33549

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)