FILE NOW: FILING FEE AFT N MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600096993 multiple Venture Partners, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24

Mailing Address

2a. Mailing Address

City & State

29

Suite, Apt. #, etc.

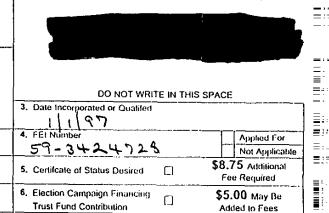
16113 Carden Drive Odessa FL 33556

Country

Same

May 13, 1999 8:00 am Secretary of State

05-13-1999 90006 043 ***150.00



6. This corporation owes the current year Intangible

Personal Property Tax.

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 16113 Carden Drive Odessa, FL 33556 R4 City Zip Code 85

Country

30

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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

-	or occurs	. 007.0003, 1101	ida Statutes.			
SIGNATURE						
	Skyratore, typed or prested stame of registered agent and little if applicable		Registered Agent signature receive		DATI	
_ <u>12.</u>	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	RS IN 12
HILE	<i>P D</i>	☐ DEFE1E	1.1 TITLE		[] Change	☐ Addition
NAME	' James A Tully,		1.2 NAME			
STREET ADDRESS	10113 Carden Drive		13 STREET ADDRESS			
CITY-ST-78P	James A Tully 16113 Carden Drive Ddessa FL 33556		1.4 CITY-ST-ZIP			
THLE		DELETE	2.1 TITLE		Change	Addition
NAME			22 NAME		4,44	
. STREET ADDRESS			2.3 STREET ADORESS			
CITY-S1-ZIP			2.4 CITY-ST-ZIP			
TIFLE		DELETE	3.1 TITLE	-	Change	[] Addition
NAME			32 NAME	-		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE		[] Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		[7] Change	Addition
HAME			52 NAME		(
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.7 TITLE		[] Change	Addition
NAME			62 NAME		<u></u>	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY. ST. ZIP			SACION ST. 20			

14. 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 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 chapted, or on an attachment with an ageress, with all other like empowered.