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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700009667 (1)

MULTILYNX COMPANIES OF FLORIDA, INC.

				_		
Principal Place of Business Mailing Address					1 1888991 113 18111 18811 48111 188111 88111 88111	AND MUSIC COLOR WITH BINCH 1881 1881
4805 WEST LAUREL STREET SUITE 230 TAMPA FL 33607		4805 WEST LAUREL STREET SUITE 230 TAMPA FL 33807		DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualified 01/27/1997	
2. Principal i	Principal Place of Business 2a. Mailing A		g Address		4. FEI Number 593421681	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State			Fee Required
23		28	···¬		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country				8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	ered Agent
FLUTY, LARRY L			81	Name		
	36 DEER RUN NORTH		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
<sub>i</sub> Cl	EARWATER FL 34621		83			
			63			•
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	named corp	poration submits this statement for the purpo	ose of changing its registered
office or	registered agent, or both, in the Stat am familiar with, and accept the obli-	e of Florida. Such change was	authorized by	the corporat	lion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	•	ginario di condon 607,0000, i	ionoid oknotoo.			
SIGNATORE	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	⊺t : Registered Agor	n signature requir	red when reinstating) D	ATÉ
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE				Change Addition
NAME	Aike O. Okolo		1.2 NAME			
l	RESS 2156 Sampson St		1.3 STREET A	·		
CITY-ST-ZIP	Pittsburg, PA 15235		1.4 CITY-ST 2.1 TITLE	- 7IP		Change Addition
NAME	Larry L. Fluty		2.2 NAME	- 1		C change C reduces
			2.3 STREET A	ADIDRESS		
STREET ADDRESS 2936 Deer Run N.  CITY-ST-ZIP Clearwater, FL 3376			2 4 CITY-ST-ZIP			
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	)		3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST	1 - ZIP		
TITLE	DELETE		4.1 111LE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A			
CITY-ST-ZIP	DELETE		4.4 CITY - ST	- ZiP		Change Addition
TITLE		☐ DECEIC	5.1 TITLE			Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET A	NDDOCCC		
CITY-ST-ZIP			54 CITY-ST	i		
TITLE		DELETE	61 TITLE	- 21		Change Addition
NAME		••••	6.2 NAME	1		
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST	!		
14. I hereby	certify that the information supplied	with this filing does not qualify	for the exempti	ion stated fir	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information
officer of Block 12	a on this annual report or supplithen r director of the corporation or the re- P or Block 13 if changed, or on an att	ceiver or trustee empowerer to achment with an address	execute this r		shall have the same legal effect as if mac fired by Chapter 607, Florida Statutes; and	that my name appears in

4/07/00 010 600 450

**FILED** 

May 14 1998 8:00am

Secretary of State