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

May 07 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000096713 (7) MULTI TECH SYSTEMS INC. Principal Place of Business Mailing Address 6564 MONTROSE TRAIL 6564 MONTROSE TRAIL TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 58-2059642 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes X No Zip Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BUSH, KEN R 6564 MONTROSE TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32308 **B3** 84 City 85 Zip Code FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE ☐ Addition TITLE 11 THLE Change BUSH. KEN R NAME 12 NAME 6564 MONTROSE TRAIL STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITE 2.1 T/T/F BUSH, BETTY P NAME 2.2 NAME **6564 MONTROSE TRAIL** STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-\$T-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3 1 11TLF Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-7IP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 THLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP

FILED

Change

Addition

14. Thoreby confity that the information supplied with this filling 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 frue 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:

True P. Russian**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS