

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 6: 58

DOCUMENT # S43718 (3)

1. Corporation Name

MULTI FL REALTY CORP.

Principal Place of Business

**599 LEXINGTON AVENUE
26TH FLOOR
NEW YORK NY 10043
US**

Mailing Address

**C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST. STE. 300
NORTH MIAMI BEACH FL 33169**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1991

3a. Date of Last Report

06/13/1994

4. FCI Number

65-0272117

Applied For

Not Applicable

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

21. Principal Place of Business

21. Subj. Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

2a. Suite, Apt. #, etc.

2b. City & State

2c. Zip

Country

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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, printed or printed name of registered agent and date of signature

(NOTE: Registered Agent signatures required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
DP	CULLINS, THOMAS	599 LEXINGTON AVE	NEW YORK NY
DVS	MURANELLI, JOHN	599 LEXINGTON AVE	NEW YORK NY
DVS	ALDUINO, JOSEPH	599 LEXINGTON AVE	NEW YORK NY
VS	PAT, MARGARET	599 LEXINGTON AVE	NEW YORK NY
VS	SHELLEY, LAURIE	599 LEXINGTON AVE	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. MURANELLI

2/28/95 (212) 559-1862