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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V15767** **(9)**

1. Corporation Name

MULTINATIONAL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
16130 COUNTRY CROSSING DR. TAMPA FL 33624	16130 COUNTRY CROSSING DR. TAMPA FL 33624

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 7150 ESTERO BLVD	26 7150 ESTERO BLVD
22 Suite, Apt. #, etc: APT 601	27 Suite, Apt. #, etc: APT 601
23 City & State: FT. MYERS BEACH FL	28 City & State: FT. MYERS BEACH FL
24 Zip: 33931 25 Country: USA	29 Zip: 33931 30 Country: USA

4. FEI Number: 59-3150467 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

COURCOULAS, JOHN H
16130 COUNTRY CROSSING DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: COURCOULAS JOHN H
82 Street Address (P.O. Box Number is Not Acceptable): 7150 ESTERO BLVD
83: APT 601
84 City: FT. MYERS BEACH FL 85 Zip Code: 33931

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: JHCourcoulas JOHN H. COURCOULAS 5/19/96
(Signature, typed or printed name of registered agent, and title, if applicable) (Florida Registered Agent signature required if name is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAPTINI, BERNARD W. 16130 COUNTRY CROSSING DR. TAMPA, FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PV JOHN H. COURCOULAS 7150 ESTERO BLVD APT 601 FT. MYERS BEACH FL 33931 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHAPTINI, ELLY 16130 COUNTRY CROSSING DR. TAMPA, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COURCOULAS, JOHN H 16180 COUNTRY CROSSING DR. TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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)(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: JHCourcoulas JOHN H. COURCOULAS 5/19/96 412 362 1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)