

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90023 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15767

1. Corporation Name

MULTINATIONAL MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7150 ESTERO BLVD. APT. 601 FT. MYERS BEACH FL 33931 US		Mailing Address 7150 ESTERO BLVD. APT. 601 FT. MYERS BEACH FL 33931 US		3. Date Incorporated or Qualified 02/21/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3150467 Applied For Not Applicable	
9. Name and Address of Current Registered Agent COURCOULAS JOHN H. 7150 ESTERO BLVD. APT. 601 FT. MYERS BEACH FL 33624		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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, typed or printed name of registered agent and title if applicable) (NOT E. Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PV NAME JOHN H. COURCOULAS STREET ADDRESS 7150 ESTERO BLVD., APT. 601 CITY-ST-ZIP FT. MYERS BEACH FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE ST NAME CHAPTINI, ELLY STREET ADDRESS 16130 COUNTRY CROSSING DR. CITY-ST-ZIP TAMPA, FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE V NAME COURCOULAS, JOHN H STREET ADDRESS 16180 COUNTRY CROSSING DR. CITY-ST-ZIP TAMPA FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. COURCOULAS

Date

4/26/99

Daytime Phone #

941-463-5977

CR2E034 (11/98)