

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V28694 (0) 1. Corporation Name MULTIFAMILY RESOURCES MANAGEMENT, INC.
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Principal Place of Business 2200 FLOWER TREE CR. MELBOURNE FL 32935 US	Mailing Address 2200 FLOWER TREE CR. MELBOURNE FL 32935
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent JULIAN, CHARLES JR. 2200 FLOWER TREE CIRCLE MELBOURNE FL 32935	10. Name and Address of New Registered Agent 81 Name JULIAN, Charles JR. 82 Street Address (P.O. Box Number is Not Acceptable) 2200 Flower Tree Circle 83 84 City Melbourne FL FL 85 Zip Code 32935
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, CHARLES	1.2 NAME	
STREET ADDRESS	PO BOX 477 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, ROBERT	2.2 NAME	
STREET ADDRESS	PO BOX 477 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, CHARLES JR.	3.2 NAME	
STREET ADDRESS	PO BOX 477 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(4), 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: Charles Julian DATE: July 7 95