

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V36356** (6)
1. Corporation Name
MULTIMEDIA INTERNATIONAL INC.



Principal Place of Business Mailing Address
**8809 BAY POINTE DR
#A210
TAMPA FL 33615
US** **8809 BAY POINTE DR
STE 210-A
TAMPA FL 33615
US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/12/1992	07/25/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3170374	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HURD, DAVID P.
8809 BAY POINTE DR.
#A210
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name **JAYNE C CASSELS**
82 Street Address (P.O. Box Number Not Acceptable)
8809 BAY POINTE DR
83 **#A210**
84 City **TAMPA** FL 85 Zip Code **33615**

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 **JAYNE C CASSELS**

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when reappointing)

7-8-96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HURD, DAVID P	
STREET ADDRESS	8809 BAY POINTE DR #A210	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NESTICO SHERRIL	
1.3 STREET ADDRESS	8809 BAY POINTE DR #A210	
1.4 CITY-ST-ZIP	TAMPA FL 33615	
2.1 TITLE	GT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CASSELS JAYNE C	
2.3 STREET ADDRESS	8809 BAY POINTE DR #A210	
2.4 CITY-ST-ZIP	TAMPA FL 33615	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SHERRIL L. NESTICO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96 (813) 654 8274

(DATE)

(Typed Name)

CR2E034 (3/96)