FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:[illegible]

SECRETARY OF S[illegible]
TALLAHASSEE, FLO[illegible]

DOCUMENT # **V44181** **(8)**

1. Corporation Name
MULTILURE, INC.

Principal Place of Business	Mailing Address
4916 CANEY COURT PORT RICHEY FL 34668	4916 CANEY COURT PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1992**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3212707** ☐ 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

STROHAUER, GARY N
918 DREW ST.
SUITE A
CLEARWATER FL 34615

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 Section 607.1803 and 607.1804, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (FL)
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STROBBE, STEVEN M 4916 CANEY CT. PT RICHEY FL 34668	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the individual supplied with this filing is validly employed and does not qualify for the exemption stated in Section 119.07(4), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Steve Strobbe 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813 868 2151
Telephone Number

0965156 CP