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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

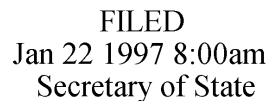
DOCUMENT # V44181

(8)

MULTILURE, INC.

Principal Place of Business

Mailing Address





4916 CANEY COURT PORT RICHEY FL 34668		4916 CANEY COURT PORT RICHEY FL 34688	4916 CANEY COURT PORT RICHEY FL 34688-6233						
						3. Date Incorporated or Qualified 06/15/1992	3a. Date of I		port
	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21 US (lbove					59-3212707		Not	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	 			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ 24	Country Zip Co			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					199.032,
	g. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of New Reg	istered Agent		
STR	OHAUER, GARY N			81	Name				
918 DREW ST. Suite a				82	Street A	ress (P.O. Box Number is Not Acceptable)			
CLE			83						
			····	84			FL 85	Zip C	
11, Pursuant to office or nagent La	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Sta ate of Florida Such change wa digations of, Section 607.0505,	itutes, the a as authorize Florida Sta	ibovi id by itutes	e-named of the corp s.	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of chan t the appointme	ging its ent as r	registered egistered
SIGNATURE	Signature, typind or pre-thot name of registered	A) eldapitoga I still bre trega	NOTE: Registere	d Ape	nt signature i	equired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	3 IN 12
TIFLE	PSTD	DELETE	1.1 7	ITLE	П			hange	Addition
NAME				AME	1				
STREET ADDRESS	4916 CANEY CT.			1.3 STREET ADDRESS					
CITY-SI-ZIP	PT RICHEY FL 34668			ITY-S	T-ZIP				
TITLE		DELETE	DELETE 2.1 TIT					nange	Addition
NAME			22 N						
STREET ADDRESS			23 S	TREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		ST - ZIP				
TITLE		☐ DELETE	3.1 T	ITLE	į			nange	Addition
NAME			3.2 N	IAME	1				1
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY - ST - ZIP			3,4. (CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 T	tTLE			□ c	nange	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 \$	TREET	ADORESS				
C/TY - ST - ZIP					T-ZIP				P 14 105
TITLE		DELETE	5.17					hange	Addition
NAME				IAME	j				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		T britte			ST-ZIP			hange	I geldide-
TITLE		☐ DELETE	617		1		L (пануе	Addition
NAME				IAME					
STREET ADDRESS			- 1		ADDRESS				
CITY-ST-ZIP	number of the the information and	aliad with this filing days not a			F-ZIP	ated in Section 119 07(3)(i) Florida Statute	L further conti	lu that t	ho

I do 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 of 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 (813)868215

Daytime Phone #