


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 13 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 763367 (0)  
 1. Corporation Name  
 UNITED CMC ORGANIZATION, INC.



Principal Place of Business: 82 STRATFORD F WEST PALM BEACH FL 33417 US  
 Mailing Address: 82 STRATFORD F WEST PALM BCH. FL 33417 US

3. Date Incorporated or Qualified: 05/19/1982  
 4. FEI Number: 59-2221503  
 Applied For: Not Applicable

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 22. Suite, Apt. #, etc.: 82 STRATFORD F  
 27. Suite, Apt. #, etc.  
 23. City & State  
 28. City & State  
 24. Zip  
 25. Country  
 29. Zip  
 30. Country

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 WALSH, VIVAN & WEISS K  
 402 GREENBRIER A  
 NORTHAMPTON F107  
 WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent  
 81 Name: KURT WEISS  
 82 Street Address (P.O. Box Number is Not Acceptable): 402 GREENBRIER A  
 83  
 84 City: W PALM BEACH FL 85 Zip Code: 33417

11. Pursuant to the provisions of sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.  
 SIGNATURE: RES - KURT WEISS  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 DATE: 7/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: BETTY LAPIDUS	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 251 BEDFORD J	CITY-ST-ZIP: WEST PALM BEACH FL	1.2 NAME:	
TITLE: VD	NAME: COHEN, ANNE	1.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 114 WELLINGTON, #M	CITY-ST-ZIP: WEST PALM BEACH FL	1.4 CITY-ST-ZIP:	
TITLE: P	NAME: WEISS, KURT	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 402 GREENBRIER, #A	CITY-ST-ZIP: WEST PALM BEACH FL	2.2 NAME:	
TITLE: P	NAME: WALSH, VIVAN	2.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: HORTHAMPTON F 107	CITY-ST-ZIP: W PALM BCH, FL 00000	2.4 CITY-ST-ZIP:	
TITLE: VD	NAME: BERNHARD, RUTH	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: SHEFFIELD L 291	CITY-ST-ZIP: WEST PALM BEACH FL	3.2 NAME:	
TITLE: T	NAME: MUTTERPERL, NORMAN	3.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: OXFORD 400-103	CITY-ST-ZIP: W PALM BCH FL	3.4 CITY-ST-ZIP:	
		4.1 TITLE:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.4 CITY-ST-ZIP:	

2.1 TITLE: VD  
 2.2 NAME: COHEN, ANNE  
 2.3 STREET ADDRESS: 114 WELLINGTON M  
 2.4 CITY-ST-ZIP: W PALM BEACH, FL 33417  
 4.1 TITLE: VD  
 4.2 NAME: HOWARD KAYE  
 4.3 STREET ADDRESS: 222 SHEFFIELD J  
 4.4 CITY-ST-ZIP: W PALM BEACH, FL 33417  
 5.1 TITLE: VD  
 5.2 NAME: PHIL SHARKIN  
 5.3 STREET ADDRESS: 252 SOUTHAMPTON C  
 5.4 CITY-ST-ZIP: W PALM BEACH, FL 33417  
 6.1 TITLE: VD  
 6.2 NAME: FANNIE BROMBERG  
 6.3 STREET ADDRESS: 34 SHEFFIELD B  
 6.4 CITY-ST-ZIP: W PALM BEACH FL 33417

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: Anne W. Cohen ANNE W. COHEN 7/1/98 561-689-3729  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (5/98)