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 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G20726** **(7)**

1. Corporation Name
UC'NWIN SYSTEMS, INC.

Principal Place of Business	Mailing Address
5601 NO POWERLINE RD #404 FT LAUDERDALE FL 33309 US	5601 NO POWERLINE RD #404 FT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **01/27/1983**
3a. Date of Last Report: **04/08/1994**
4. FEI Number: **59-2285921** ☐ 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

CLARK, THOMAS M
% WATSON, CLARK & PURDY
2400 E. COMMERCIAL BLVD., #820
FT. LAUDERDALE FL 33308

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 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 ____________________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	MEDAD, IAN	1.2 NAME	
STREET ADDRESS	5601 N. POWERLINE RD # 404	1.3 STREET ADDRESS	DELETE
CITY ST ZIP	FT LAUDERDALE FL	1.4 CITY ST ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	THORNLEY-HALL, IVAN	2.2 NAME	
STREET ADDRESS	5601 N POWERLINE RD # 404	2.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	COHEN, LEOPOLD	3.2 NAME	DELETE
STREET ADDRESS	5601 N. POWERLINE RD # 404	3.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME		4.2 NAME	JOHN NEILSON
STREET ADDRESS		4.3 STREET ADDRESS	5601 N. POWERLINE RD.
CITY ST ZIP		4.4 CITY ST ZIP	FT LAUDERDALE, FL 33309
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Neilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/1995 Date (305) 492-9797 Daytime Phone #

0218744 CP