

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 RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/27/1983

3a. Date of Last Report

05/01/1995

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

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

Signature type US provided by a registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **THORNLEY-HALL, IVAN**
CITY-ST-ZIP **5601 N POWERLINE RD # 404
FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **NEILSON, JOHN**
CITY-ST-ZIP **5601 N POWERLINE ROAD
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP **33309**

21 TITLE
22 NAME
23 STREET ADDRESS **5601 N. Powerline Rd, Suite 404**
24 CITY-ST-ZIP **33309**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Neilson, President

June 26, 1996

954-492-9797

CR2E034 (3/96)