

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H86421** (5)

1. Corporation Name
UNITED AMERICAN PROPERTIES, INC.



Principal Place of Business Mailing Address
% KATHERINE PORTIGAL RUTH
1120 S FEDERAL HWY
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified **11/15/1985** 3a. Date of Last Report **01/19/1995**
 4. FEI Number **59-2650667** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTH, KATHY
1120 S. FEDERAL HWY
BOYNTON BEACH FL 33435

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 _____
 (Note: Registered Agent signature requires witness attestation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE DELETE
 NAME **DP RUTH, KATHY**
 STREET ADDRESS **700 LAKE ST. #19**
 CITY, ST, ZIP **BOYNTON BEACH FL**
 2. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
 3. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
 4. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
 5. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
 6. TITLE DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

1. 1. TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP
 2. 2. TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP
 3. 3. TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP
 4. 4. TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP
 5. 5. TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP
 6. 6. TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: *Kathy Ruth* **KATHY RUTH** 1/24/96 407-734-6397
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing District Phone #

CR2E034 (12/95)