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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J46378

CITY-ST-ZIP

UNITED EQUITIES MANAGEMENT CORP

Principal Place	e of Business	Mailing Address	s					()85(112 810) 5192 51135 (111)			
		9715 WEST BRO	9715 WEST BROWARD BLVD								
300		300						DO NOT WRITE IN THIS SPACE			
1.5111111111111111111111111111111111111			PLANTATION FL 33324 US					3. Date Incorporated or Qualified			
บจ		US					ļ	12/10/1986			
2 0::-10	leas of Discipan	2a. Mailing Add	Ince					4. FEI Number	An	plied For	
─ ┐ '	lace of Business	—	11633					59-2740568	<u> </u>	t Applicable	
21 Suito Ant	# ata	26 Suite, Apt. #	# etc						\$8.75		
Suite, Apt. #, etc.		<u> </u>	27				~	5. Certificate of Status Desired	Fee Re	I .	
City & State City & S			State					6. Election Campaign Financing	\$5.00	May Re	
23	•	28			٠			Trust Fund Contribution	Added t	,	
Zip	Country	Zip		Cou	ntry			8. This corporation owes the current year In	tangible		
24	25	29	3	0				Personal Property Tax.	X Yes	□No	
241	9. Name and Address of Curre							10. Name and Address of New Registered	Agent		
					81	Name				}	
WINI	KLER, SUSAN E.				82	C11 A		(D.O. Boy Number is Not Acceptable)			
10341 SW 18TH ST						Street A	Address (P.O. Box Number is Not Acceptable)				
MIR/	AMAR FL 33025				83						
	•					<u>.</u>			 	>====	
					84	City		FL	85 Zip (ode	
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508. Flo	rida Statutes	the al	bove-	named c	corpora	ation submits this statement for the purpose of	changing its	registered	
Affice or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Such chai	nge was aut	norizea	DV II	he corpor	ration'	's board of directors. I hereby accept the appo	intment as re	gistered	
agent. i a	m familiar with, and accept the oblig	ations of, Section 607	.0305, FIOR	ia Statt	JIES.						
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable.	(NOTE: R	legistered	Agent	signature rec	w beniup	then reinstating) DATE]	
12.		AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.1 TT	πE	-			Change	☐ Addition	
NAME	WINKLER, J.O.			1.2 NA							
STREET ADDRESS	10341 SW 18 ST			1.2.10	WE					{	
CTTY-ST-ZIP	MIRAMAR FL					ADDRESS					
TITLE				1.3 ST	REET						
NAME	1 S10		DELETE	1.3 ST	REET A		·		☐ Change	Addition	
	STD WINKLER SUSAN F		DELETE	1.3 ST 1.4 CF	reet / TY-ST- TLE		·		☐ Change	Addition	
	WINKLER, SUSAN E		DELETE	1.3 ST 1.4 CF 2.1 TIT 2.2 NA	TREET A TY-ST- TLE WME				☐ Change	Addition	
STREET ADDRESS	WINKLER, SUSAN E 10341 SW 18 ST		DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST- TLE WIE TREET	-ZIP ADDRESS	•		☐ Change	Addition	
STREET ADDRESS	WINKLER, SUSAN E		DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	REET A TY-ST- TLE WME TREET A	-ZIP ADDRESS -ZIP	Vic	ce President-Directo	·	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	WINKLER, SUSAN E 10341 SW 18 ST			1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C	TY-ST- TLE ME TREET / TTY-ST-	-ZIP ADDRESS -ZIP		ce President-Directo	·		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL			1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA	TY-ST- TLE TREET / TTY-ST- TLE TREET / TTY-ST- TLE	-ZIP ADDRESS -ZIP	Th	omas Acheson	. ☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL			1.3 ST 1.4 CT 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA 3.3 ST	TREET / TLE . AME TREET / TLY-ST TLE AME TREET / TREET /	ADDRESS - ZIP	Th	omas Acheson	. ☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL			1.3 ST 1.4 CT 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TH 3.2 NA 3.3 ST	TY-ST- TLE TREET / TTY-ST- TLE TREET / TTY-ST- TREET / TTY-ST-	ADDRESS - ZIP	Th		. ☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL		DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST 3.4. CC	TY-ST- TLE WE TY-ST- TLE WE TY-ST- TLE TREET / TT-ST- TLE	ADDRESS - ZIP	Th	omas Acheson	r □ Change Ë 47	. Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL		DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4.2 N	TY-ST- TLE TREET / TTLE TLE TREET /	ADDRESS 1-ZIP ADDRESS 1-ZIP	Th	omas Acheson	r □ Change Ë 47	. Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL		DELETE	1.3 ST 1.4 CF 2.1 TU 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST	TY-ST- TLE THE	ADDRESSZIPZIPZIPADDRESSZIPADDRESS	Th	omas Acheson	r □ Change Ë 47	. Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL		DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/V 2.3 ST 2.4 C 3.1 TI 3.2 N/V 3.3 ST 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/V 5.3 ST	TY-ST- TLE THE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	Th	omas Acheson	Change E 47 ☐ Change		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	WINKLER, SUSAN E 10341 SW 18 ST MIRAMAR FL		DELETE	1.3 ST 1.4 CT 2.1 TU 2.2 Nov 2.3 ST 2.4 C 3.1 TT 3.2 Nov 3.3 ST 3.4 C 4.1 TT 4.2 Nov 4.3 ST 4.4 CT 5.1 TT 5.2 Nov 5.3 ST 5.4 CT 5.5 TT 5.5 ST 5.5 ST	REET/ TY-ST- TLE AME REET/ TLE AME TY-ST- TLE AME TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	Th	omas Acheson	Change E 47 ☐ Change ☐ Change	Addition Addition	
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NAME OF SIGNING OFFICER OR DIRECTOR Secretary 4/7/99 (954)764-475 **SIGNATURE** Winkler, (954) 764-4750

6.4 CITY-ST-ZIP

14. I hereby certify that the information of pulled 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 explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if many of, or on an adaptment with an address, with all other like empowered.