

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90168 005 \*\*\*158.75

130041/US

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J46378**

1. Corporation Name  
**UNITED EQUITIES MANAGEMENT CORP**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 9715 W BROWARD BLVD 9715 WEST BROWARD BLVD  
 300 300  
 PLANTATION FL 33324 PLANTATION FL 33324  
 US US

3. Date Incorporated or Qualified  
**12/10/1986**

4. FEI Number Applied For  
**59-2740568** 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 owes the current year Intangible Personal Property Tax.  Yes  No

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

10. Name and Address of New Registered Agent

**WINKLER, SUSAN E.**  
**10341 SW 18TH ST**  
**MIRAMAR FL 33025**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | WINKLER, J.O.                       | 1.2 NAME  |  |
| STREET ADDRESS             | 10341 SW 18 ST                      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIRAMAR FL                          | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       | WINKLER, SUSAN E                    | 2.2 NAME  |  |
| STREET ADDRESS             | 10341 SW 18 ST                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIRAMAR FL                          | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | Vice President-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  | Thomas Acheson   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    | 16 Luther Franklin Lane  |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       | Linville Falls, NC 28647   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |  |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan E. Winkler* **Susan E. Winkler, Secretary 4/7/99 (954) 764-4750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)