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95 MAR -2 PM 3: 22

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candice B. Mouton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M98095 (6)**

T. Corporation Name  
**UNITED AMERICAN HOLDING CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% JAMES L. HEWITT  
105 W. COLONIAL DR.  
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/12/1988	04/13/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2925269	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<b>JAMES L. HEWITT 105 W. COLONIAL DRIVE ORLANDO FL 32801</b>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>JAMES L. HEWITT 105 W. COLONIAL DRIVE ORLANDO FL 32801</b>				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, MELQUIADES R	1.2 NAME	
STREET ADDRESS	1105 SHOREWOOD DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	32806
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, MORRIS A	2.2 NAME	
STREET ADDRESS	4387 BENEDICTINE CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	32812
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWITT, JAMES L.	3.2 NAME	
STREET ADDRESS	1130 BELLE AIRE CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	32804
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, VINCENT S	4.2 NAME	
STREET ADDRESS	560 IVANHOE PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	32804
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCREE, RICHARD T.	5.2 NAME	
STREET ADDRESS	9613 AMBLESIDE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	5.4 CITY - ST - ZIP	34786
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARUSO, JAMES P.	6.2 NAME	
STREET ADDRESS	738 HARDMAN DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	ORLANDO 32806

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signing 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 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2-23-95 (407) 898-2714  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CHARLES W. HALL