

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M98095 (6)**

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



Principal Place of Business <b>% JAMES L. HEWITT                  105 W. COLONIAL DR.                  ORLANDO FL 32801</b>	Mailing Address <b>% JAMES L. HEWITT                  105 W. COLONIAL DR.                  ORLANDO FL 32801-1328</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/12/1988</b>	3a. Date of Last Report <b>04/09/1996</b>
21	26	4. FEI Number <b>59-2925269</b>	Applied For <input type="checkbox"/> Not Applicable
22 Sulte, Apt. #, etc.	27 Sulte, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**JAMES L. HEWITT  
 105 W. COLONIAL DRIVE  
 ORLANDO FL 32801**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTINEZ, MELQUIADES R</b>	1.2 NAME	<b>John T. Cash Jr.</b>
STREET ADDRESS	<b>1105 SHOREWOOD DR</b>	1.3 STREET ADDRESS	<b>1621 Laurel Rd.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROWE, MORRIS A</b>	2.2 NAME	<b>David G. Powers</b>
STREET ADDRESS	<b>4387 BENEDICTINE CIR</b>	2.3 STREET ADDRESS	<b>280 W. Spring Lake Dr.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>HEWITT, JAMES L.</b>	3.2 NAME	
STREET ADDRESS	<b>1190 BELLE AIRE CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, VINCENT S</b>	4.2 NAME	
STREET ADDRESS	<b>880 IVANKOE PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCREE, RICHARD T.</b>	5.2 NAME	<b>Richard T. McCree</b>
STREET ADDRESS	<b>9613 AMBLESIDE DRIVE</b>	5.3 STREET ADDRESS	<b>945 Lake Adair Blvd.</b>
CITY-ST-ZIP	<b>WINDERMERE FL</b>	5.4 CITY-ST-ZIP	<b>Orlando, FL 32804</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARUSO, JAMES P.</b>	6.2 NAME	
STREET ADDRESS	<b>738 HARDMAN DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 affidavit with an address.

SIGNATURE: *[Signature]* 4-21-97 1007148-1069

CFR2034 (9/96)