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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N25133 (2)**

1. Corporation Name

UNI-GROUP USA, INC.



Principal Place of Business

Mailing Address

4362 NORTHLAKE BLVD., SUITE 207  
PALM BEACH GARDENS FL 33410  
US4362 NORTHLAKE BLVD. SUITE 207  
PALM BEACH GARDENS FL 33410-6270  
US3. Date Incorporated or Qualified  
**02/18/1988**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number  
**65-0107002**Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CIKLIN, ALAN J.  
NORTHBRIDGE TOWER I, 19TH FLOOR  
515 NORTH FLAGLER DRIVE  
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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 **VD** ☐ DELETE  
NAME **KIRCHNER, DALE**  
STREET ADDRESS **12901 ST. CHARLES ROCK RD.**  
CITY-ST-ZIP **BRIDGETON MO 63044**1.1 TITLE **President / Director** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE **STD** ☒ DELETE  
NAME **STREETER, CHERYL**  
STREET ADDRESS **601 NE. PAVESTONE DRIVE**  
CITY-ST-ZIP **LEE'S SUMMIT MO**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE **PD** ☒ DELETE  
NAME **JONES, HUGH**  
STREET ADDRESS **2405 N.E. 244TH AVENUE**  
CITY-ST-ZIP **WOOD VILLAGE OR**3.1 TITLE **Director** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE **\** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE **Vice President / Director** ☐ Change ☒ Addition  
4.2 NAME **Robert Grimm**  
4.3 STREET ADDRESS **8601 Dunwoody Place Suite 440**  
4.4 CITY-ST-ZIP **Atlanta, GA 30350**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
**Robert Grimm, Vice President**

Date

(770) 650-1290

Daytime Phone # 0040844

CR2E037 (9/96)