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

PROFIT CORPORATION ANNUAL REPORT

**19**98

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400033555 (1)

UNITED CAPITAL MANAGEMENT, INC.

Principal Place of Business Mailing Address MUNITED CAPITAL MANAGEMENT, INC. **SUNITED CAPITAL MANAGEMENT, INC.** 18501 MURDOCK CIRCLE. SUITE 302 18501 MURDOCK CIRCLE, SUITE 302 **PORT CHARLOTTE FL 33948** DO NOT WRITE IN THIS SPACE PORT CHARLOTTE FL 33948 3. Date Incorporated or Qualified 05/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0492567 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PLATT, DANIEL B. Street Address (P.O. Box Number is Npt Acceptable 1777 TAMIAMI TRAIL 82 83 **PORT CHARLOTTE FL 33948** 84 tor' 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. DANIEL B. PIATT **SIGNATURE** d when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PLATTI DANIEL B PLATT, DANIEL B NAME 1.2 NAME 18501 MURdock Cir. Suite 302 1777 TAMIAMI TRAIL.STE 302 STREET ADDRESS 1.3 STREET ADDRESS PT. CHARLOTTE FL PORT CHACUTTE, FL 33948 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

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.

6.4 CITY-S1-ZIP

6.3 STREET ADDRESS

A411 P -- A- 44

FILED

May 11 1998 8:00am

Secretary of State