SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000007923 (1)

UASIS DEVELOPMENT GROUP, INC.					ONA Caun natha nama Pro no Anto enc a
Principal Place of Business		Mailing Address		I EMPLOYER CON DELICE MALLY DRESS BETTE RELICED FOR	WEST MAIN SANGE 1841A 1140M 1154 1481
448 NW 47 TE	RRACE STE 101	446 NW 47 TERRACE STE 10	01	·	
DEERFIELD BEACH FL 33442 DEERFIELD BEACH F			2 DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	TIIS OF NOL
				01/25/1996	
2. Principal P	lace of Business	2a. Malling Address		4. FEI Number	Applied For
21		26		65-0638725	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o, continuate of states besieve	
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	9. Name and Address of Current		10	Personal Property Tax due June 30. 10. Name and Address of New Register	
				1001/1/ 010 and	104
DE LA FUENTE, ANUNEIY U				HRY K. IOLHCEU	ICU
KEY BISCAYNE FL 33149			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	Ave
The biograms is some			83		
	•		04 05	DOUDLOSASK	Teel 75 0-4-
			84 City	boodosassa F	:L 1933592
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 objigations of, section 607.0505, Florida Statutes)					
SIGNATURE	Maure	aslow		در/	119
	Signature, typed or printed name of registered agent a		E: Registered Agent signature re		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	17
NAME	ZERBE, MELANIE	DELETE		ERBE, ART	Change Addition
STREET ADDRESS	446 NW 47 TERRACE STE 101		1.3 STREET ADDRESS	HIG NWYT TERRAL	2 Ste 101
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	Deepfield Beach	FL 32447
TITLE	SD	DELETE	2.1 TITLE	Oceanie (godza)	Change Addition
NAME	ZERBE, ART	(2.2 NAME		Change C. Thomas
STREET ADDRESS	446 NW 47 TERRACE STE 101		2.3 STREET ADORESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		L DELETE	5.1 TITLE	,ua	Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZIP 6.1 TITLE		Change Addition
NAME		□ nere ie	6.2 NAME		L Change L Accution
STREET ADDRESS			6.2 PROPER 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 of 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.

FILED

Aug 05 1998 8:00am

Secretary of State