

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90207 009 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058482

1. Corporation Name
UNITED TECHNOLOGY GROUP, INC.



Principal Place of Business 773 NW 103 TERRACE PEMBROKE PINES FL 33026	Mailing Address 773 NW 103 TERRACE PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1997	4. FEI Number 65-0773283	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

9. Name and Address of Current Registered Agent ALDULAIMI, RACHAEL L 773 NW 103 TERRACE PEMBROKE PINES FL 33026	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME PRUETT, GREGORY L	1.1 TITLE D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME Pruett, Gregory L.
STREET ADDRESS PO BOX 821804, SOUTH FL MPC	CITY-ST-ZIP PEMBROKE PINES FL 33082	1.3 STREET ADDRESS 12097 S.W. 14 Street	1.4 CITY-ST-ZIP Pembroke Pines, FL 33025
TITLE D <input checked="" type="checkbox"/> DELETE	NAME CROUCH, BARRY L	2.1 TITLE D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME Cabrera, Scarlett
STREET ADDRESS 2411-304 TONY TANK LANE	CITY-ST-ZIP RALEIGH NC 27613	2.3 STREET ADDRESS 660 Thornridge Avenue	2.4 CITY-ST-ZIP Pembroke Pines, FL 33325
TITLE D <input type="checkbox"/> DELETE	NAME ALDULAIMI, RACHAEL L	3.1 TITLE D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME Aldulaimi, Rachael L.
STREET ADDRESS 773 NW 103 TERRACE	CITY-ST-ZIP PEMBROKE PINES FL 33026	3.3 STREET ADDRESS 773 N.W. 103 Terrace	3.4 CITY-ST-ZIP Pembroke Pines, FL 33026
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 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, with all other like empowered.

SIGNATURE: Rachael L. Aldulaimi **4/29/99** **954-442-1431**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)