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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

**FILED** 

Jun 17 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

|  | MENT # <b>P9700</b><br>ITUNITY PARTNERS, INC.                                   | 0109032 (7)                      | )                                   |   |                                   |
|--|---|----------------------------------|-------------------------------------|---|-----------------------------------|
| Principal Place of Business  |   | Mailing Address                  |                                     | n inditions tin insit todit daith daith adidt sinit                       | ANIAN INGS ANGRE SISTA (IN 1901   |
| 1107 KEY PLAZA   |   | 1107 KEY PLAZA                   |                                     |   |                                   |
| SUITE 290  |   | SUITE 290                        |                                     | DO NOT WRITE IN THIS SPACE  |                                   |
| KEY WEST FL 33040  |   | KEY WEST FL 33040                |                                     | 3. Date Incorporated or Qualified   |                                   |
|  |   |                                  |                                     | 12/31/1997  |                                   |
| 2. Principal Place of Business   |   | 2a. Mailing Address              |                                     | 4. FE) Number   | Applied For                       |
| 21   |   | 26                               |                                     | 164-0801232   | Not Applicable                    |
| Suite, Apt. #, etc.  |   | Suilo, Apt. #, etc.              |                                     | 5. Certificate of Status Desired  | \$8.75 Additional                 |
| 22   |   | 27                               |                                     | 5. Certificate of Status Desired  | Fee Required                      |
| City & State   | 0 ′   | City & State                     |                                     | 6. Election Campaign Financing  | <b>\$5.00</b> May Be              |
| 23   | 1   | 26                               | T                                   | Trust Fund Contribution   | Added to Fees                     |
| Zip  | Country   | Zip                              | Country                             | 8. This corporation owes or has paid the                                  | current year Intangible  Yes X No |
| 24   | 25<br>9. Name and Address of Curre  | 29 <br>Int Registered Agent      | [30]                                | Personal Property Tax due June 30.  10. Name and Address of New Registers |                                   |
| AM   | IER <b>IL</b> AWYER   |                                  | 81 Name                             |   |                                   |
| 243 ALMEDIA AVENILE  |   |                                  |                                     | m C. Roesser  |                                   |
| CORAL GABLES FL 33134  |   |                                  | 82 Street Add                       | dress (P.O. Box Number is Not Acceptable)                                 | 240                               |
|  |   |                                  | 83                                  | ,                                   |                                   |
|  |   |                                  | 84 Ciw                              |   | OF Zin Code                       |
| •  |   |                                  | 84 Rue                              | , west F  | L 85 Zip Code つ                   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conversation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register |   |                                  |                                     |   |                                   |
| agent. Fa  | egistered agent, or both, in the stat<br>m familiar with, appl accept the oblig | gations of, Section 607.0505, Fl | orida Statutes. 🔔 🗀                 | ation's board of directors. I hereby accept the a                         | appointment as registered         |
| SIGNATURE  | AC Nesser   | Mary C. Roe                      | sser Pris                           | 198/96/14 tubi  |                                   |
|  | Segrature to caree proceedings of the general new                               | jest and the Tappicable (NO      | H : Registered Agent signaturo requ |   | LIB DISCOVERS HELD                |
| 12.  | PSTD  | ND DIRECTORS                     | 13.                                 | ADDITIONS/CHANGES TO OFFICERS A   | Change Addition                   |
| NAME   | ROESSER, MARY C   | LJ WITTE                         | 1.2 NAME                            |   | Charles Addition                  |
| STREET ADDRESS   | 1107 KEY PLAZA, SUITE 29  | 0                                | 1.3 STREET ADDRESS                  |   |                                   |
| CITY-ST-ZIP  | KEY WEST FL 33040   |                                  | 1.4 CITY-S1-ZIP                     |   |                                   |
| TITLE  |   | DELETE                           | 21 TITLE                            |   | Change Addition                   |
| NAME   |   |                                  | 2.2 NAME                            |   |                                   |
| STREET ADDRESS   |   |                                  | 2.3 STAFET ADDRESS                  |   |                                   |
| CITY-ST-ZIP  |   |                                  | 2 4 C(1)Y+\$1+Z(P                   |   |                                   |
| 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  |   | ☐ DETELE                         | 4 1 TITLE                           |   | Change Addition                   |
| NAME   |   |                                  | 4. 2 NAME                           |   |                                   |
| STREET ADDRESS   |   |                                  | 4.3 STREET ADDRESS                  |   |                                   |
| CITY-ST-ZIP  | <del></del>   | DELETE                           | 4.4 CITY - ST - ZIP                 |   | Change Addition                   |
| TITLE  |   | ☐ DELETE                         | 5.1 TIPLE<br>5.2 NAME               |   | □ ovende □ Vooltion               |
| STREET ADDRESS   |   |                                  | 5.3 STREET ADDRESS                  | 500002566   |                                   |
| CITY-ST-ZIP  |   |                                  | 5.4 CITY-ST-ZIP                     | -06/19/9801114-   |                                   |
| TITLE  |   | DELFTE                           | 6.1 TITLE                           | ***150.00   | Change Addition                   |
| NAME   |   |                                  | 6.2 NAME                            | t t gas at year B teachign'   | , -1                              |
| STREET ADDRESS   |   |                                  | 6.3 STREET ADORESS                  |   |                                   |
| 0174 67 310  |   |                                  | C 4 OLIV C1 7ID                     |   | ·_/\N                             |

14. Thereby 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 suppliemental 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.