

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90113 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031278

1. Corporation Name
R.C. UNGER CPA, P.A.



Principal Place of Business 9223 BENSONHURST LANE ENGLEWOOD FL 34224	Mailing Address 9223 BENSONHURST LANE ENGLEWOOD FL 34224
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/06/1998

2. Principal Place of Business 21 <u>2383 S. TAMIAUTIC</u>	2a. Mailing Address 26 _____	4. FEI Number 24 <u>65-083-6903</u>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <u>WHITE D</u>	Suite, Apt. #, etc. 27 _____	5. Certificate of Status Desired 5. <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 <u>VENICE, FL</u>	City & State 28 _____	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 <u>34293</u>	Country 25 <u>USA</u>	29 _____	30 _____

9. Name and Address of Current Registered Agent

UNGER, RICKY CHARLES CPA
9223 BENSONHURST LANE
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 _____	
84 City	<u>FL</u>

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 Ricky Charles Unger DATE 4/14/99
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	RICKY C. UNGER
STREET ADDRESS		1.3 STREET ADDRESS	9223 BENSONHURST LANE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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, on an attachment with an address with another like empowered.

SIGNATURE: [Signature] DATE 4/14/99 DAYTIME PHONE # 941-408-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)