

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

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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47276

(8)

1. Corporation Name
UNISYS SERVICES AMERICA, INC.

Principal Place of Business
1780 E CENTRAL AVE.
MERRITT ISLAND FL 32952

Mailing Address
P.O. BOX 879
TITUSVILLE FL 32781-0879
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

04/23/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3063602

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKEY, KEVIN P ESQUIRE
410 W. MERRITT AVENUE
MERRITT ISLAND FL 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAURETTA, ANTONIO	
STREET ADDRESS	1422 NORWOOD AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KELLY, ROBERT W	
STREET ADDRESS	1422 NORWOOD AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VDP	<input type="checkbox"/> DELETE
NAME	EVANS, KENT G	
STREET ADDRESS	1422 NORWOOD AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERGUSON, JAMES W	
STREET ADDRESS	1422 NORWOOD AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAURETTA, DEBRA A	
STREET ADDRESS	1422 NORWOOD AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELLY, RITA U	
STREET ADDRESS	1422 NORWOOD AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 321355 (NA)
1.4 CITY-ST-ZIP	COCOA BEACH FL 32932-1355
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1760 E. CENTRAL AVE
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	117 W. OSCEOLA LANE
3.4 CITY-ST-ZIP	COCOA BEACH FL 32931
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3400 OCEAN BEACH BLVD., #814
4.4 CITY-ST-ZIP	COCOA BEACH, FL 32932
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	P.O. Box 321355 (NA)
5.4 CITY-ST-ZIP	COCOA BEACH, FL 32932-1355
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1760 E. CENTRAL AVE
6.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952

14. I do 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.

SIGNATURE: Antonio Laurretta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1-21-97
DAYTIME PHONE #: 407-267-4641

CR2E034 (9/96)