

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

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 079 TITUSVILLE FL 32781 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/23/1991	
4. FEI Number 59-3063602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAURETTA, ANTONIO	
STREET ADDRESS	P.O. BOX 321355 N/A	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KELLY, ROBERT W	
STREET ADDRESS	1780 E. CENTRAL AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EVANS, KENT G	
STREET ADDRESS	117 W. OSCEOLA LANE	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERGUSON, JAMES W	
STREET ADDRESS	3900 OCEAN BCH BLVD., #814	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAURETTA, DEBRA A	
STREET ADDRESS	PO BOX 321355 N/A	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, RITA U	
STREET ADDRESS	1780 E. CENTRAL AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32932
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32952
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32931
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STD FERGUSON JAMES W
4.3 STREET ADDRESS	3400 Ocean Beach Blvd #814
4.4 CITY-ST-ZIP	COCOA BCH FL 32931
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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.

SIGNATURE _____ DATE 1/20/98 407 483 5209

CR2E034 (10/97)