05-10-1999 90162 008 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000065438

1. Corporation Name

UNITED ENTERPRISES OF ORANGE COUNTY, INC.

Principal Place of Bu	usiness	Mailing Add	ress					1 <b>9189</b> 11511 <b>83</b> 11			11181 1911 1981
		-	108 COMMERCE ST.								
105		105				1	DO NOT WOITE IN THE COLOR				
LAKE MARY FL 32746 LAKE MARY FL 327			FL 32746				DO NOT WRITE IN THIS SPACE				
US		US					te Incorporate	ed or Qualif	ea		
							9/15/1993			1 0-	-li-d C
2. Principal Place of	Business	2a. Mailing A	Address			1	Number			_ <del>                                    </del>	plied For
21		26				58	9-3204216			\$8.75 A	t Applicable
Suite, Apt. #, etc.		<u>⊢</u>	Suite, Apt. #, etc.			5. Ce	ertifcate of Sta	tus Desired	□	Fee Re	
			27								
City & State		<del> </del>	City & State				ection Campai		<sup>ig</sup> $\Box$	\$5.00 Added t	
		28 Zin	Zip Country				Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible				
			Country		1	rsonal Proper		unem year m	Yes	12No	
24	Name and Address of Curre	<del></del>							w Registered		
9. (	Hume and Address of Oaste	Itogratered Ag		81	Name						
B&C CORPORATE SERVICES OF CENTRAL FL INC.					~ <u> </u>		- N - L -		1_L(_)		
390 N. ORANGE AVENUE			82	Street Ad	ldress (P.O.	Box Number	IS NOT ACCE	ергавіе			
SUITE 1100			83								
ORLANDO FL 32801									T I		
				84	City				FL	85 Zip (	Code
11 Durayant to the	provisions of Sections 607.05	502 and 607 1508	Florida Statutes, ti	he abov	e-named co	ornoration su	ubmits this sta	tement for t	the purpose of	changing its	registered
office or register	red agent or both in the State	e of Florida Such d	hande was autho	nzed by	the corbora	ation's board	d of directors.	I hereby ac	cept the appo	intment as re	gistered *
agent. I am fami	iliar with, and accept the oblig	jations of, Section (	507.0505, Florida	Statutes							
SIGNATURE	re, typed or printed name of registered ag	cont and title if applicable	/NOTE: Regi	stered Age	nt signature requ	uired when reinst	lating)		DATE		
12.		ND DIRECTORS	(1.512.1.1.5	13.				NGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE D			DELETE	1.1 TITLE						Change	☐ Addition
1 -	KENNA, MICHAEL F SR			1.2 NAME			•				
1	LIVE OAK BLVD.			1.3 STREE	T ADDRESS	108 (	OMMER	રાદ દ	STREET		
1 '	SSELBERRY FL			1.4 CITY- S	T-ZIP	LAKE	MARRY	FL	32741	0	
TITLE			☐ DELETE	2.1 TITLE				<u> </u>		Change	Addition
NAME				2.2 NAME							{
STREET ADDRESS				2.3 STREE	TADDRESS						
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP						
TITLE				3.1 TITLE						☐ Change	☐ Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP				3.4. CITY-5	1						
TITLE			DELETÉ	4.1 TITLE						Change	☐ Addition
NAME			ľ	4. 2 NAME							
STREET ADDRESS				4.3 STREE	TADDRESS						Í
CITY-ST-ZIP				4.4 CITY-S							
TITLE			☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME				5.2 NAME							Į.
STREET ADDRESS				5.3 STREE	TADDRESS						(
CITY-ST-ZIP				5.4 CITY- S	T-ZIP						
TITLE	,		DELETE	6.1 TITLE						Change	☐ Addition
NAME											ł
				6.2 NAME	J						
STREET ADDRESS		•			T ADDRESS						

14. I hereby certify that the information supplied with this filing does lot qualify indicated on this annual report or supplimental annual poort is frue and ac harde and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE:

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information