FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

316275

(7)

URT INDUSTRIES, INC.

UKI INDUSTRIES, INC.					
Principal Place of Business		Mailing Address		100300 1918F FIO 01116 01911 1008F	BEAL BABAN BIBAN BEBAL BABAN BABAR BIBAN EBDI
3451 EXECUTIVE WAY MIRAMAR FL 33025		3451 EXECUTIVE WAY MIRAMAR FL 33025			
				· ·	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		04/28/1967 4. FEI Number	06/02/1995 Applied For
21	or esemioso	26		59-1167907	Not Applicable
Suite, Apt. #, etc., Suite, Apt. #, etc., 22 1180 E. Hallandale Bol Blyd 27 1180 E. Hallandale		ndale BihB	1-0.17.1.401.15.11	\$8.75 Additional Fee Required	
City & State City & State 23 Hallandale Fl. 28 Hallandale			c 71:	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Zip n	Country	8. This corporation has liability for inta	angible tax under s 199.032,
24 330	09 [25]		30	Florida Statutes Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
WOLK, ALLAN 82 Street Address (P.O. Box Number is Not Acceptable)					
3451 EXECUTIVE WAY MIDANAR EL 22005 83					
MIKAM/	AR FL 33025		63		
•			84 City 11		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-pamed cornor	ation submits this statement for the nurse	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typoid or printed name of registered agont and title it applicable (NOTE: Flog-stered Agont signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELFTE	1. 1 TITLE		Change Addition
NAME	WOLK,ALLAN		1.2 NAME		
STREET ADDRESS	3451 EXECUTIVE WAY		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR FL		1.4 CITY - ST - ZIP		
TITLE	D	DELFTE	2 1 TITLE		Change Addition
NAME	WOLK, JASON		2.2 NAME		
STREET ADDRESS	3451 EXECUTIVE WAY		2.3 STREET ADDRESS		
CITY-SI-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP		
TITLE	PD	DELETE	3 1 TITLE		Change Addition
NAME	JACKOWITZ, DAVID		3.2 NAME		1
STREET ADDRESS	3451 EXECUTIVE WAY	,	3.3 STREET ADDRESS		
CITY-ST-ZIP 1ITLE	MIRAMAR FL	DELETE	3.4 CITY - ST - 2)P		Change Addition
NAME	D Krouse, ann W.	(m) better	4. 1 TITLE 4.2 NAME	· · ·	Change Addition
STREET ADORESS	3451 EXECUTIVE WAY			000001831 -05/23/9601023	5520
CITY-ST-ZIP	MIRAMAR FL		4.3 STREET ACORESS 4.4 CHTY - ST - ZIP	-05/23/960102:	1021
TITLE	D	DELF1E	5 1 TITLE	***480.00	Change Addition
NAME	WOLK, BRIAN		52 NAME		
STREET ADDRESS	3451 EXECUTIVE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		5.4 City-St-Zip		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		•
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CHY-ST-ZIP		
14. I do hereby cedify that	certify that the information supplied v	rith this filing is voluntarily furnish	ned and does not qualify for	or the exemption stated in Section 119.07 te and that my signature shall have the sal	(3)(k), Florida Statutes, I further
oath; that I	am an officer or director of the corpor Block 12 or Block 13 if changed, or o	ation or the receiver or trustee i	empowered to execute this	s report as required by Chapter 607, Floric	da Statutes; and that my name

Date

Daytime Phone #