FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:40

DOCUMENT # **345470** **(9)**

1. Corporation Name

UNIPROP, INCORPORATED

Principal Place of Business	Mailing Address
11046 OAK WAY CIRCLE P.O. BOX 30247 PALM BEACH GARDENS FL 33410-7247	2564 W. END ROAD P.O. BOX 30247 WEST PALM BEACH FL 33406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/30/1969	07/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **58-1052749** ☐ Applied For ☐ Not Applicable

5. 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
DAVIS, JOHN MAX 11046 OAKWAY CIR PALM BCH. GARDENS, FL 33410	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOUSE, WILLIAM E	12 NAME	
STREET ADDRESS	9450 PHILLIPS HIGHWAY	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOHN MAX	22 NAME	
STREET ADDRESS	11046 OAKWAY CIR	23 STREET ADDRESS	
CITY-ST-ZIP	P B GARDENS, FL 00000	24 CITY-ST-ZIP	
TITLE	SDT	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BETTY D	32 NAME	
STREET ADDRESS	11046 OAKWAY CIR	33 STREET ADDRESS	
CITY-ST-ZIP	P B GARDENS, FL 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PITTS, CHRISTINE B	42 NAME	
STREET ADDRESS	11142 OAKWAY CIR	43 STREET ADDRESS	
CITY-ST-ZIP	P B GARDENS, FL 00000	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	DAVIS, MATTHEW	52 NAME	
STREET ADDRESS	2430 S. WALLEN DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	DAVIS, MARK	62 NAME	
STREET ADDRESS	15604 84TH AVE N	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Max Davis JOHN MAX DAVIS 3/27/95 407-640-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone)

0344767 CP