

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 16 1996 8:00 am  
Secretary of State

DOCUMENT # 345470 (9)

1. Corporation Name

UNIPROP, INCORPORATED

Principal Place of Business

11046 OAK WAY CIRCLE  
P.O. BOX 30247  
PALM BEACH GARDENS FL 33410-7247

Mailing Address

2564 W. END ROAD  
P.O. BOX 30247  
WEST PALM BEACH FL 33406  
US

3. Date Incorporated or Qualified  
04/30/1969

3a. Date of Last Report  
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

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

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE D ☐ DELETE  
NAME HOUSE, WILLIAM E  
STREET ADDRESS 8450 PHILLIPS HIGHWAY  
CITY-ST-ZIP JACKSONVILLE, FL 00000

1. TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME DAVIS, JOHN MAX  
STREET ADDRESS 11046 OAKWAY CIR  
CITY-ST-ZIP P B GARDENS, FL 00000

2. TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE SDT ☐ DELETE  
NAME DAVIS, BETTY D  
STREET ADDRESS 11046 OAKWAY CIR  
CITY-ST-ZIP P B GARDENS, FL 00000

3. TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME PITTS, CHRISTINE B  
STREET ADDRESS 11142 OAKWAY CIR  
CITY-ST-ZIP P B GARDENS, FL 00000

4. TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME DAVIS, MATTHEW  
STREET ADDRESS 2430 S. WALLEN DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL

5. TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME DAVIS, MARK  
STREET ADDRESS 15604 84TH AVE N  
CITY-ST-ZIP PALM BEACH GRDNS FL

6. TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone

3-3-96 407-680-4844

CR2E034 (12/95)