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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **516228** **(4)**

1. Corporation Name
UNITED IN SPIRIT CORPORATION

Principal Place of Business	Mailing Address
4640 PARK BLVD. **PINELLAS PARK FL 34665**	**4640 PARK BLVD.** **PINELLAS PARK FL 33781-3529**

3. Date Incorporated or Qualified: **10/12/1976**	3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1693651**	☐ 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	

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 24 **33781-3529** Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

IANNACONE, SALVATORE A.
4640 PARK BLVD.
PINELLAS PARK FL 34665
9/8 33781-3529 →

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 33781-3529

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	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	IANNACONE, SALVATORE A		1.2 NAME		
STREET ADDRESS	4640 PARK BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 00000		1.4 CITY-ST-ZIP	33781-3529	
TITLE	STD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	IANNACONE, RUTH L		2.2 NAME		
STREET ADDRESS	4640 PARK BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 00000		2.4 CITY-ST-ZIP	33781-3529	
TITLE	VD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	IANNACONE, THOMAS		3.2 NAME		
STREET ADDRESS	4640 PARK BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PK, FL 00000		3.4 CITY-ST-ZIP	33781-3529	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Thomas Iannacone 4/30/97 813/541-4867