

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 550199 (4)  
1. Corporation Name

UNITED INVESTMENTS, INC.



Principal Place of Business Mailing Address  
2933 S. FLORIDA AVE. SUITE 4 LAKELAND FL 33803  
2933 S. FLORIDA AVE. SUITE 4 LAKELAND FL 33803

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

3. Date Incorporated or Qualified 10/27/1977	3a. Date of Last Report 09/15/1995
4. FEI Number 59-1772759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
SCHARAR, TOM E  
2933 S FLORIDA AVE#4  
LAKELAND FL 33803

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

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 date of appointment (NOTE: Registered Agent's signature required when not a director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARAR, ROBERT W	1.2 NAME	
STREET ADDRESS	2933 S. FLORIDA AVE #4	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33803	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARAR, TOM E	2.2 NAME	
STREET ADDRESS	2933 S. FLORIDA AVE #4	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33803	2.4 CITY - ST - ZIP	
TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARAR, DAPHNE	3.2 NAME	
STREET ADDRESS	1202 BRIARBROOK	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77042	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARAR, EDWARD	4.2 NAME	
STREET ADDRESS	528 CAROLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33803	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARAR, ANNE	5.2 NAME	
STREET ADDRESS	528 CAROLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33803	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom E. Scharar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TOM E. SCHARAR

7-16-96 941-687-4663

CR2E034 (3/96)