## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 583388

(4)

UNITED PREMIUM SERVICES, INC.

**FILED** Jan 31 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address	Mailing Address		" TOURD BOOK INTO STORE THE POLICE FROM THE PLANT WHEN THE PLANT WHEN BOOK IN THE	
2376 FRUITVILLE RD SARASOTA FL 34237		2376 FRUITVILLE RD SARASOTA FL 34237-6114				
				3. Date Incorporated or Qualified 08/25/1978	3a. Date of Last Report 01/25/1996	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1844145	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29 36	<u>)</u>		Yes No	
9. Name and Address of Current Registered Agent  STILITS F M III  81 Name /						
	LTS, E. M. III		I Name	methon author	<b>a</b> )	
2376 FRUITVILLE RD. SARASOTA, FL MH 34237			82 Street Add	et Address (P.O. Box Number is Not Acceptable)		
SAIN	4001A, FL MIT 34201		83	2,10 Exmission 40		
			84 City ( )	40	85 Zip Gode	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Alorida Statutes, the above-part				poration submits this statement for the pu	rrose of changing its registered	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Norida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 9(a)c of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (highlat with, and accept the appointment as registered agent. I am (highlat with, and accept the appointment as registered agent. I am (highlat with, and accept the appointment as registered agent. I am (highlat with, and accept the appointment as registered agent. I am (highlat with, and accept the appointment as registered agent. I am (highlat with, and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent. I am (highlat with) and accept the appointment as registered agent.						
SIGNATURE CUMULINA (1. LIUIS), Travident (Cynthia Gr. Stults) 125/97						
SIGNATURE	Signature typed or printed name of a	gist <u>erod</u> agent and title if applicable. (NOTE: R	egistered Agent signature requir	ired when reinstating)	DATE	
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
THLE	C	☐ DELETE	1.1 TITLE		Change Addition	
NAME	STULTS, E. M. III		1.2 NAME			
STREET ADDRESS	2376 FRUITVILLE RD.		1.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL		1.4 CITY - ST - ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	STULTS, CYNTHIA G.		2.2 NAME			
STREET ADDRESS	2376 FRUITVILLE RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-ST-ZIP			
1111.6		DELETE	31 TITLE		☐ Change ☐ Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZiP		I ocure	3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME OZOSSI ABBULGO			4.2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP		Changes Addition	
NAME		F"1 DEFEIG	5.1 TITLE		Change Addition	
			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP	İ		5.4 CITY-ST-ZIP			

6.4 CITY - ST - ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or ent with an address

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition