

655538

Annual Report
Filed 2-13-91

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2 pgs.

**FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.**

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
DATE
FILED

FILING FEE OF \$61.25 REQUIRED

DOCUMENT # **655538**

(7)

ZIP + 4 PRESORT

SERVICES UNLIMITED OF BOCA, INC.
6738 N OCEAN BLVD.
OCEAN RIDGE, FL. 33435-3315

2. If Address in Block 1 is incorrect in any way, print the correct address below. PO Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

If Street Address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

1. Date of Incorporation or Organization
in the State of Florida

01/31/1980

3. FEI Number

59-1968577

FEI Number Applied For

5. **\$8.75 Additional Fee required
for a Certificate of Status**

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

4. Name and Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over or intercept information.)

Name of Officer or Director

Street Address of Each Officer and Director

(Do NOT Use Post Office Box Numbers)

City and State

P/D TINARI, EDWARD R.

6738 N OCEAN BLVD.

OCEAN RIDGE, FL.

V/D TINARI, FRANCIS R.

6738 N OCEAN BLVD.

OCEAN RIDGE, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

TINARI, EDWARD R.
6738 N OCEAN BLVD.
OCEAN RIDGE, FL. 33435

8. Name and Address of New Registered Agent

81. Name

82. Street Address (Do NOT Use P.O. Box Number)

83. Street Address (Do NOT Use P.O. Box Number)

84. City

85. Zip Code

FL.

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation exists for the purpose of changing its officers and directors, and that the same is authorized by the proper officers and directors of said corporation to execute this report as required by Chapter 607, Florida Statutes.

Signature of Registered Agent

DATE

I hereby certify that the information contained herein is true and correct, and that my signature shall have the same legal effect as if I were the undersigned, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes.

Signature of Secretary of State or Director

Title

DATE

Telephone Number Daytime

(907) 1-727-9977

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State **\$8.75 Additional Fee required for a Certificate of Status**