FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90117 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 844913

1. Corporation Name

יום יאיט	UHNS, INC.					
Principal Plac	e of Business	Mailing Address			III DIDII BIBII BIBII DIBII DIDI	
	ce of business	•				
P.O. BOX 518 P.O. BOX 518 INDIANTOWN FL 34956						
US US			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				01/08/1980		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
21		26		13-5546976	Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	al
22		27			Fee Required	
City & Stat	te	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 owes the current year		
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
POS	ST, ROBERT M. J		O Name			
	DI SW MARKET STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ANTOWN FL 34959		83			
11104	ANTONIA 1 E 04333		63			
			84 City		85 Zip Code	
				- _	L 83 215 3000	
office or r	registered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	or changing its registered pointment as registered	rea j
agent, I a	ım familiar with, and accept the oblig	nations of Section 607.0505. Flo	rida Statutes.	·		
•	•	,,,,,				
SIGNATURE	Classical translation of the state of the st			DATE DATE		_
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered Agent signature require		AND DIRECTORS IN	-
SIGNATURE	OFFICERS A		: Registered Agent signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		- 12 ddition
SIGNATURE 12. TITLE	OFFICERS A	gent and title if applicable. (NOTE	Registered Agent signature require 13. 1.1 TITLE			_
SIGNATURE 12. TITLE NAME	OFFICERS A VPD POST, ROBERT M JR.	gent and title if applicable. (NOTE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME			_
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS A VPD POST, ROBERT M JR. 16001 MARKET STREET	gent and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			_
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR