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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856230

(8)

UNITED TOTE COMPANY

Principal Place of Business Mailing Address						I ANDIO CANAL BIEFE DIVIR HUNDE HAF	A BRIT BIRTS AND I		I DIDLENDE
10115 CABIN CREEK ROAD SHEPHERD MT 59079		10115 CABIN CREEK ROAD SHEPHERD MT 59079-3507							
						3. Date Incorporated or Qualif	fied 3a. D	ate of Last I	Report
		12				04/25/1983		26/1996	
· ·	Nace of Business	2a. Mailing Address				4. FEI Number		<del>   </del>	pplied For
21   27   10   11 Suite, Apt.	fontana Avenue #.etc	26   2718 Montar   Suite, Apt #, etc.	ia Ave	nue		81-0365105			lot Applicable Additional
22 Suite		27 Suite 200				5. Certificate of Status Desired	d 🗆		Required
City & Stat	e	City & State	·····		<del></del>	6. Election Campaign Financir	ng	\$5.00	May Be
23 Billin		28 Billings MI			*******************	Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour			8. This corporation has liability			s. 199.032,
24 59101	25 USA 9. Name and Address of Current	29 59101 Registered Agent	30 1	<u>USA</u>		Florida Statutes  10. Name and Address of New	Yes		•
CT (	CORPORATION SYSTEM	Tiogration of Figure		81 1	Vame	10, Italia disa radioan ar ren	riogietores	rigunt	****
	OS. PINE ISLAND ROAD			82 5		anna (D.O. Day Niverbas in Nat Anna		<del></del>	
	NTATION FL 33324			<b>6</b> 2  3	Street Add	ress (P.O. Box Number is Not Acce	eptable)		
				83			,		
				84 (	City			<b>85</b> Zip	Code
		1007.4500.51		Ш.	<u> </u>		<u>FL</u>	<u>- 1</u>	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida, Such change was	authorized	by th	iamed corj ne corpora	poration submits this statement for tion's board of directors. I hereby a	the purpose of accept the ap	of changing pointment a	its registered s registered
agent. La	im familiar with, and accept the obliga	tions of, Section 607,0505, F	lorida Statu	utes.					
SIGNATURE	***************************************								
	Stocature typed or printed name of regelered agen	l and title diapplicable (NO	1E: Registered	Agent s	signature requi	ired when reinstaling)	DATE		
12.	Signature typed or printed name of regelered agen OFFICERS AND		TE: Registered	Agent s	ippatura requi	ired when reinstaling) ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12
<b>12.</b> ՄՄւ£								D DIRECTO	
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64 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 eath; 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:

City - St - ZIP

01/10/97

Billings, Montana 59101

(406) 248-2224

**FILED** 

Jan 21 1997 8:00am

Secretary of State