


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A27712	
UNISON INDUSTRIES LIMITED PARTNERSHIP			
Mailing Address 7575 Baymeadows Way Jacksonville, FL 32256		Principal Office Address 7575 Baymeadows Way Jacksonville, FL 32256	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/17

3. Date Formed or Registered 01/05/1989	5a. Capital Contributions as Shown on record \$3,721,813.00
3a. Date of Last Report 12/29/1993	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation DE	
6. FEI Number 36-3618253 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, FIRST FLORIDA BANK BLDG. #420 TALLAHASSEE, FL 32301	10. If changed, new Registered Agent/Office Name THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, etc. City TALLAHASSEE FL Zip Code 32301
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) UII GROUP, LTD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 530 Blackhawk Park Avenue	11b. City, State & Zip Code Rockford, IL	11c. Registration/Document Number P22415
800002033738--4 -12/19/96--01047--010 ****576.25 ****576.25			

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Frederick B. Sontag

Frederick B. Sontag

DATE

12/10/96

904-739-4000

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number