

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F72828 (9)

1. Corporation Name
U-NAME-IT, INC.



Principal Place of Business
**1150 THRUSH AVE
MIAMI SPRINGS FL 33166-3151
US**

Mailing Address
**P O BOX 66-1111
MIAMI SPRINGS FL 33266-1111
US**

3. Date Incorporated or Qualified **03/19/1982** 3a. Date of Last Report **08/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

**ANDERSON, KEVIN A
39 E 6TH ST
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JAMES A	1.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JEAN A.	2.2 NAME	
STREET ADDRESS	1150 THRUSH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, R EDWARD	3.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JOHN A.	4.2 NAME	
STREET ADDRESS	1150 THRUSH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, MARYANNE W.	5.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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*****208.75**

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Edward Holmes

4/29/96

(305) 888-9070

Date

Daytime Phone #

CR2E034 (12/95)