SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9400006579**

1. Corporation Name

URBAN ASSISTANCE CORPORATION

Principal Place of Business 5908 CLYDESDALE PLACE

ORLANDO FL 32822

Mailing Address

5908 CLYDESDALE PLACE ORLANDO FL 32822

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90011 006 ****70.00



2. Principal	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		, /	,
21		26				12/23/1994			
Suite, Ar	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Ap	plied For
22	27					59-3259774		No	t Applicable
City & St	City & State City & State					5. Certificate of Status Desired	V	\$8.75	
23	28					5. Octimodic of Glades Doubled		Fee Re	quired
Zip	Country Zip Co				Į.	6. Election Campaign Financing	П	\$5.00	May Be
24	25 29 30					Trust Fund Contribution		Added t	o Fees
Name and Address of Current Registered Agent						10. Name and Address of New R	egistered A	gent	
					Name				1
HAYNES, MICHAEL				32	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
5908 CLYDESDALE PLACE									
ORLANDO FL 32822				33					
ONEMBO 1 E 02022					0:1-				\
				34	City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617:0502 and 617:1508, 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 617.0503, Florida Statutes.									
The same of the sa									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.		<u> </u>	ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	D	DELETE 1.1						Change	Addition
NAME	DUPREE, JACKIE			1.2 NAME					ł
STREET ADDRES				1.3 STREET ADDRESS)
CITY-ST-ZIP				1.4 CITY-ST-ZIP					.
TITLE	D	DELETE 2.						Change	Addition
NAME	GARCIA, BEVERLY			2.2 NAME					ŀ
STREET ADDRES				2.3 STREET ADDRESS		-			1
CITY-ST-ZIP				2.4 CITY-ST-ZIP					
TITLE .	D	□ DELETE	3.1 TITLE					Change	Addition
NAME	CLARK, HAROLD			32 NAME					_ [
STREET ADDRES	1 * · · · · · · · · · · · · · · · · · ·			3.3 STREET ADDRESS					
				3.4. CITY-ST-ZIP					
CITY-ST-ZIP	TAMPA FL 33607 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			4.1 TITLE				Change	Addition
NAME				4.2 NAME					
	HAYNES, MICHAEL				popree				-
STREET ADDRES	5002 5707 5707 7702				DORESS				
CITY-ST-ZIP				-ST-Z	<u> </u>			Change	Addition
[•	5.1,TI			٠ ا				
NAME	HORNE, ANNIE J		5.3 STRE		ODDESS				,
STREET ADDRES	BALLS BOOZ WOODSPIRAT LANE								~~
CITY-ST-ZIP	TAIN A LE SSOT				<u>ur</u>			Changs	Addition
TITLE					ļ	J. C. Cananga L. Addition			
NAME	BARDONE, MICHAEL 3				PODE 20		<i>" " " "</i>		1 353
STREET ADDRES	ON THE PARTY MADELLAND				DORESS		: ₹	ر 'در از	등 설립
CITY-ST-ZIP TAMPA FL 33614				-ST-Z	ZIP .	·	<u> </u>	<u> </u>	<u> </u>

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 outly that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attantment with an address, with all other like empowered.

SIGNATURE: