

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G73290 (0)

1. Corporation Name
UNITED INTERNATIONAL DEVELOPMENT, INC.

Principal Place of Business

14103 102ND AVENUE NORTH
SEMINOLE FL 34609
US

Mailing Address

110 HANNOVER DR., STE. B201
ST. CATHARINES, ONTARIO
CANADA L2W 1A4
OC

2. Principal Place of Business

21 P.O. Box 310

Suite, Apt. #, etc.

22 1821 Bayshore Drive

City & State

23 Terra Seia, FLORIDA

Zip

34250

Country

25 U.S.A.

2e. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29 U.S.A.

Country

30

9. Name and Address of Current Registered Agent

SCHNEIDER, C W

14103 102ND AVENUE NORTH

SEMINOLE FL 34609

1821 Bayshore Drive
P.O. Box 310
Terra Seia, Florida
34250

3. Date Incorporated or Qualified

12/06/1983

3a. Date of Last Report

02/26/1996

4. FEI Number

59-2124954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

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 *John A. Schneider*

Signature typed or printed name of registered agent (mandatory if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VST
STREET ADDRESS PARTRIDGE, WALLACE
CITY-ST-ZIP 110 HANNOVER DR.
ST. CATHARINES ONT. CANADA

TITLE ☐ DELETE

NAME O
STREET ADDRESS PARTRIDGE, WALLACE
CITY-ST-ZIP 110 HANNOVER DR.
ST. CATHARINES ONT. CANADA

TITLE ☐ DELETE

NAME VO
STREET ADDRESS ZAHORCHAK, ROBERT
CITY-ST-ZIP 100 RIVERVIEW BLVD.
ST. CATHARINES ONT. CANADA

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ZAHORCHAK, MARY
CITY-ST-ZIP 105 RIVERVIEW BLVD.
ST. CATHARINES ONT. CANADA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 REQUIRED

John A. Schneider

May 21/98

167 6/10

APPROVED
AND
FILED
98 JUN -4 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

97-98

CR2E034 (4/97)