SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1996 **DOCUMENT #** G93663 UNITED MANAGEMENT AND DEVELOPMENT CORP. Mailing Address Principal Place of Business 1000 N. ATLANTIC AVE.: SUITE 902 1980 N. ATLANTIC AVE., SUITE 902 -P.-O-BOX 1472" P. O. BOX 1472 3a. Date of Last Report COCOA BEACH FL 32931-3277 COCOA-BEACH PL 32931-3277~ 3. Date incorporated or Qualified 03/29/1984 08/03/1995 Applied For 2. Principal Place of Business 2a. Mailing Address P.O BOX 540029 Suite, Apt #, etc Not Applicable 04-5367089 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032 Country Ζıp Yes No Florida Statutes 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Age Name BENEDETTI, RONALD Street Address (PO. Box Number is Not Acceptable) 82 1980 N. ATLANTIC AVE., SUITE 902 P.O. BOX 1472 83 COCOA BEACH FL 32931 85 Zip Code City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NETFE: Register of Agent agenture required when or instation)! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 THEFE TITLE CR2E034 1.2 NAME BENEDETTI, RONALD NAME 1.3 STREET ADDRESS 35 SUN FLOWER ST. #70 STREET ADDRESS 14 CITY - ST - ZIP COCOA BEACH FL CITY - ST - ZIP Change Addition DELETE 21 TITLE THEF 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP DITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TiTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 6 1 1 TLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY - ST - ZIP 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR