

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G93663** (4)
1. Corporation Name
UNITED MANAGEMENT AND DEVELOPMENT CORP.



Principal Place of Business: 1980 N. ATLANTIC AVE., SUITE 802, P. O. BOX 1472, COCOA BEACH FL 32831-3277
Mailing Address: P O BOX 540029, ORLANDO FL 32854-0029, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	934 N. MAGNOLIA AVE	26		03/29/1984	08/19/1996
Suite Apt. #, etc. # 310		Suite, Apt #, etc.		4. FEI Number	Applied For
City & State ORLANDO, FL		City & State		04-5367089	Not Applicable
22	Zip 32803	27	Country ORANGE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Country	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENEDETTI, RONALD 1980 N. ATLANTIC AVE., SUITE 802 P.O. BOX 1472 COCOA BEACH FL 32831				BENEDETTI, RONALD 934 N. MAGNOLIA AVE # 310 ORLANDO FL 32803			

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: *Ronald Benedetti* PRES. RONALD BENEDETTI 2-12-97
Date: 2-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDETTI, RONALD	1.2 NAME	BENEDETTI, RONALD
STREET ADDRESS	35 SUN FLOWER ST. #70	1.3 STREET ADDRESS	934 N. MAGNOLIA AVE #310
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: *Ronald Benedetti* PRES. 2-12-97
Date: 2-12-97

CR2E034 (9/96)