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

Mailing Address

P O BOX 540029

ORLANDO FL 32854

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G93663

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

934 N MAGNOLIA AVE.

ORLANDO FL 32803

STE #310

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UNITED MANAGEMENT AND DEVELOPMENT CORP.

Country

24 .	25	29		30				Personal Property Tax.		Yes	∐No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag					
BENEDETTI, RONALD						Name		ss (P.O. Box Number is Not Accep	table)		
934 N MAGNOLIA AVE #310						Q.I.OC	. ,	sa (1 . a. Box Mamber la Met Mocop			
ORLANDO FL 32803					83			・			
12.					84	City			FL	85 Zip (
office or	registered agent,	or Sections 607.0502 and 6 or both, in the State of Flori and accept the obligations of	da. Such change was a	uthorize	d by t	the cor	ooration	ration submits this statement for the 's board of directors. I hereby acce	ept the appoint	ment as re	gistered
SIGNATURE	Signature typed or pr	inted name of registered agent and title	if anolicable. (NOTE	Registere	d Agent	signature	required w	when reinstating)	DATE		
12.	Digital of types of pr	OFFICERS AND DIRE		13.			, , , , , , ,	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
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NAME	BENEDETTI,	RONALD		1.2 N	AME			· •			
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CITY-ST-ZIP	ORLANDO F	L		1.4 0	ITY-ST	-ZIP					
TITLE		☐ DELETE		2.1 T	ITLE					Change	☐ Addition
NAME				2.2 N	AME						ļ
STREET ADDRESS	5			2.3 S	TREET	ADDRES	3				[
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NAME	344			3.2 N	AME						
STREET ADDRESS				3.3 \$	TREET	ADDRES	3				g ⁰ 3 - 3
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TITLE			☐ DELETE	4.1 T				7.4	- \$ -	Change	? ☑ Addition
NAME		e e			IAME						
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NAME .				5.2 N				1			
STREET ADDRESS				5.3 \$	Treet	ADDRES		Signal			.
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NAME	4 19 12	1 2 × 3 ×	`	6.2 N	AME						
STREET ADDRESS				6.3 S	TREET	ADDRESS	3				
CITY-ST-ZIP	(6.4 C	ITY-ST	- ZIP					
14. I hereby	certify that the inf	formation supplied with this f	ling does not qualify for	the exe	mptio	on state	d in Se	ction 119.07(3)(i), Florida Statutes.	I further certif	y that the in	nformation
maicated	vituris annual (6	sport or supplemental annual	report is true and acco	iaic aile	เมเสเ	iny sig	natule 5	man nave the same legal effect as	ii iiiaaa uiidel	vaui, liial I	alli ali

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90031 015 ***158.75

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/29/1984 4. FEI Number Applied For 04-5367089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible

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, with all other like empowered.