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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90123 050 \*\*\*150.00

DOCUI	MENT # H17270				
1. Corporation	n Name				
UN HOW	IME, INC.				
Principal Place		Mailing Address			
5820 MISSOURI AVENUE   5820 MISSOURI AVENUE   NEW PORT RICHEY FL 34652   NEW PORT RICHEY FL 3465			20		
NEW FORT NICHEL FL 34032 NEW FORT NICHEL FL 3403			72	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				08/17/1984	
2. Principal P	lace of Business	2a. Mailing Address	<u></u> :	4. FEI Number Applied For	
21		26		59-2461530 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22 City & Chat		27     City & State			
City & State	9	$\vdash$		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	Ì
Zíp	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	<del></del>	30	Personal Property Tax.	
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
1/51.4	CV PATRICIA T		81 Name	ULLIVAN , EVELYN	
	EY, PATRICIA T		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	Z OAKHILL DRIVE		47	714 DAPHNE STREET	
PUR	T RICHEY FL 34668		83	,	
			84 City.	85 Zip Code	$\neg \neg$
			NEW WEN	) PORT RICHEY FL 34652	-
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its registere	a j
Oπice or ri	ealsterea adent. Or ooth, in the State O	f Florida. Such change was au	thorized by the cornorati	ion's board of directors. I hereby accept the appointment as registered	- 1
oπice or ri agent. I ai	m familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the cornorati	tion's board of directors. I hereby accept the appointment as registered	1
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	thorized by the corporation do Statutes.	ion's board of directors. Thereby accept the appointment as registered	ĺ
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	thorized by the cornorati	ion's board of directors. Thereby accept the appointment as registered	
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agent. I all SIGNATURE  12.  TITLE	m familiar with, and accept the obligation of signature, typed or pulied name of registered agent OFFICERS AND PVST	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	thonized by the corporation of t	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
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6.4 CITY-ST-ZIP 14. 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 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 the receiver of the corporation or the receiver of trustee empowered.

SIGNATURE: