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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

UNICOMP INTERNATIONAL, INC.

Principal Place of Business Mailing Address						I IDESENT BIOD IIIII DEIK IDDA DEKK IDDA DIDII DIDII DIDII DIDII DIDII DIDII DIDII DIDII DIDII		
P. O. BOX 540189 P. O. BOX 540189 MERRITT ISLAND FL 32954-0189 MERRITT ISLAND FL 32954				954-0189	·0169		DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
		<u> -</u>					11/20/1984	
· ·	Place of Business	2a. Mailing Address					4, FEI Number Applied For	
Suite, Apt.	# elc	26	Suite, Apt. #, etc.				59-2421389 Not Applicable \$8.75 Additional	
22	<i>"</i> , 0 ,0.		27				5. Certificate of Status Desired Fee Regulred	
City & Stat	0		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip Country			¬ `		Country		This corporation owes or has paid the current year Intangible	
24	25 25 Name and Address of Curr	29	and Agant	30			Personal Property Tax due June 30. Yes No	
370		aur uaßiste	and whou		81	Name		
	OW e ll, wayne j 9 Q uail Lane				20			
	ERRITT ISLAND FL 32953				82 83	Street	Address (P.O. Box Number is Not Acceptable)	
					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 Signature, typed or printed name of registered agent and titled applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS A			13.	о Аде	ili sigirature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	P		DELETE	1.1 T	TLE		Change Addition	
NAME	TIDWELL, WAYNE J			1,2 N	AME			
STREET ADDRESS	259 QUAIL LANE			1.3 S	TREET	ADORESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953	<u> </u>		_	TY-S	T-ZIP		
TITLE			☐ DELETÉ	2.1 T			Change	
NAME				2.2 N				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>		DELETE	2. 4 (3.1 Ti		T-ZIP	Change Addition	
NAME			C. Veteric	3.1 N				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE			DELETE	4.1 T			☐ Change ☐ Addition	
NAME	·			4.21	IAME			
STREET ADDRESS				4.3 S	TREET	ADDRESS		
CITY - ST - ZIP	····			4.4 C	ITY-S	T-ZIP		
TITLE			☐ DELETE	5.1 1			Change L. Addition	
NAME I				5.2 N			·	
STREET ADDRESS				- 1		ADDRESS		
CITY-ST-ZIP			☐ DELETE		11Y-S	I - ZIP	Change Addition	
TITLE			☐ DETE IE	611			(=) Change Li Addition	
NAME CENTER ADDRESS				62 N		1000ccc		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	and the state of t	ith their fills			ITY-S		and in Species 110 07/3/6). Florida Statutes I further partifu that the information	

I hereby certify that the information supplied with this filling 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 certification 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.

417-454- 7147