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

CITY-ST-ZIP

FILED Jan 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H89081 (4) UNITY LANES, INC. Principal Place of Business Mailing Address 6816 GALL BLVD 4847 N ARMENIA AVE ZEPHYRHILLS FL 33541 **TAMPA FL 33603** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2739690 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORRIS, WILLIAM F. 4847 N ARMENIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33603** 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 TOLE MORRIS, WILLIAM F. 1.2 NAME NAME 4847 N. ARMENIA AVE. STREET ADDRESS 1.3 STREET ADDRESS tampa fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELÉTE Addition TITLE SD 2.1 TITLE Change NAME KRAUSS, GERALD C. 2.2 NAME STREET ADDRESS 8042 12 AVE SOUTH 2.3 STREET ADDRESS ST PETERSBURG FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME KRAUSS, KEVIN G. 3.2 NAME 1348 80TH STREET, SOUTH STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliemental 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.

1/2.100