

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED  
May 16 1996 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J56632 (9)  
1. Corporation Name  
UNISCO, INC.



Principal Place of Business  
P.O. BOX 11977  
FT. LAUDERDALE FL 3339-090  
US

Mailing Address  
P.O. BOX 11977  
FT. LAUDERDALE FL 33306  
US

2. Principal Place of Business  
21 11825 ROYAL PALM BLVD  
Suite, Apt. #, etc.  
22 # 203  
City & State  
23 CORAL SPRINGS  
Zip  
24 FL  
Country  
25 33065

2a. Mailing Address  
26 11825 ROYAL PALM BLVD  
Suite, Apt. #, etc.  
27 # 203  
City & State  
28 CORAL SPRINGS  
Zip  
29 FL  
Country  
30 33065

3. Date Incorporated or Qualified  
02/12/1987

3a. Date of Last Report  
03/13/1995

4. FEI Number  
65-0000744  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALARKEY, W.J.  
3400 GALT OCEAN DRIVE #1802-S  
FT. LAUDERDALE FL 33308

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 11825 ROYAL PALM BLVD  
84 # 203  
City  
85 CORAL SPRINGS  
FL  
Zip Code  
86 33065

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PST	MALARKEY, W.J.	3400 GALT OCEAN DR	FT. LAUDERDALE FL	<input type="checkbox"/>
D	MALARKEY, W.J.	3400 GALT OCEAN DR	FT. LAUDERDALE FL	<input type="checkbox"/>
D	MALARKEY, M E	3400 GALT OCEAN DR	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		11825 ROYAL PALM BLVD # 203	CORAL SPRINGS FL. 33065	<input type="checkbox"/>	<input type="checkbox"/>
		11825 ROYAL PALM BLVD # 203	CORAL SPRINGS FL. 33065	<input type="checkbox"/>	<input type="checkbox"/>
		11825 ROYAL PALM BLVD # 203	CORAL SPRINGS FL. 33065	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

W. J. Malarkey  
P. M. S.

5/15/96

340-7707  
754-340-7707

Date

Daytime Phone

CP2E034 (12/95)