FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J95579** **(5)**

1. Corporation Name

UNIWES, INC.

Principal Place of Business	Mailing Address
% CAREY L. HILL 608 E. CENTRAL BLVD. ORLANDO FL 32801	% CAREY L. HILL 608 E. CENTRAL BLVD. ORLANDO FL 32801
% Bruce Mylrea	% Bruce Mylrea
2. Principal Place of Business 21 1842 Wind Drift Rd	2a. Mailing Address 26 1842 Wind Drift Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip / Country 24 32809 / 25 Orange	Zip / Country 29 32809 / 30 Orange

3. Date Incorporated or Qualified: **10/05/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2855309** ☐ 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

HILL, CAREY L.
608 E CENTRAL BLVD
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
390 N Orange Ave

83
Suite 800

84 City
Orlando **FL** 85 Zip Code 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HILL, CAREY L.		1.2 NAME		
STREET ADDRESS	200 S. ORANGE AVE#2300		1.3 STREET ADDRESS	390 N Orange Ave, Suite 800	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	DS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STIMPSON, JOHN, JR		2.2 NAME		
STREET ADDRESS	220 E. LAND ST		2.3 STREET ADDRESS	1709 Alvarado Court	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	DP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, GARY		3.2 NAME		
STREET ADDRESS	608 E. CENTRAL BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D/P	☒ Change ☐ Addition
NAME	MYLREA, BRUCE		4.2 NAME		
STREET ADDRESS	608 E. CENTRAL BLVD		4.3 STREET ADDRESS	1842 Wind Drift Rd	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32809	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 407- 859-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #