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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

K03862

(5)

FILED Apr 17 1996 8:00 am Secretary of State

	UE ENTERPRISES CORP.							
Principal Place o	of Business	Mailing Address					40 1601 VIDE V	1861 81814 81831 81811 81911 I
800 20TH P	/ART CLAGUE LACE. SUITE 6 CH FL 32960-5391	% W. STEWART CLAGUE 800 20TH PLACE. SUITE 6 VERO BEACH FL 32960-5391						
TENO CENO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15.10 55.101.72				3. Date Incorporated or Qualified 11/20/1987		of Last Report 04/28/1995
 Principal Place 	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0012526		Applied For Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζ _I ρ	Country 25	Zip 29	30	ntry		8. This corporation has liability for in Florida Statutes Yes	ntangible ta	cunder's 199.032,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	egistered A	igent
				81	Name			
	IE, W. STEWART TH PLACE	82 Street / 83 84 City		Street Addre	dress (P.O. Box Number is Not Acceptable)			
SUITE	6			83				
VERO I	BEACH FL 32962			84	City	FL 85 Zip Code		
 Pursuant to or registere familiar with 	the provisions of Sections 607.0502 diagent, or both, in the State of Flori n, and accept the obligations of, Sect	? and 607.1508, Florida Stat. da. Such change was author tion 607.0505, Florida Statute	ites, the abo rized by the c es.	orpo ve-n	named corpor oration's boar	ation submits this statement for the purp d of directors. Thereby accept the appo	oose of cha animent as	nging its registered of registered agent. I am
SIGNATURE:s	Signature, typed or purified hands of registered ages	Candithin Cappholic (ii)	NÚTE Regeleset	Agen	1 synistras regimen	when remidelings	DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		
TITLE	D	DELETE	1 1 II	HT L E			Ĺ	Change Addition
NAME	CLAGUE, W. STEWART		1 2 NA					
STREET ADDRESS	550 26 AVE. VERO BEACH FL				ADDRESS			
CITY - ST - ZIP	D DENOTIFE	DELETE	1 4 CI 2 + TI		II-ZIP		—	Change Addition
NAME	CLAGUE, M. LYNN						L	J Chic igo / Montio
i	550 26 AVE.							-
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NATURE AND TYPEO OR DAINTED NAME OF SIGNING OFFICER OR DIRECTOR