

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

PROFIT CORPORATION ANNUAL REPORT 1998 *aa*

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

DOCUMENT # K70807 (8)
1. Corporation Name
UNITED DISPLAY & BOX, INC.

Principal Place of Business
16717 SCHEER BLVD.
HUDSON FL 34667

Mailing Address
16717 SCHEER BLVD.
HUDSON FL 34667

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
g. Name and Address of Current Registered Agent	

BOETTCHER, DENISE
10120 BRIAR CIRCLE
HUDSON FL 34667

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	

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 *Denise E. Boettcher*
Signature typed or printed name of registered agent and title of appointment

(Print) Registered Agent's name in parentheses, if applicable

(Title)

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	DEFAZIO, CARMEN
STREET ADDRESS	9130 PANDA LANE
CITY-STATE-ZIP	PORT RICHEY FL
TITLE	S
NAME	BOETTCHER, DENISE
STREET ADDRESS	10120 BRIAR CIRCLE
CITY-STATE-ZIP	HUDSON FL
TITLE	P
NAME	BOETTCHER, BERNARD
STREET ADDRESS	10120 BRIAR CIRCLE
CITY-STATE-ZIP	HUDSON FL
TITLE	T
NAME	DOUGHERTY, JOHN A.
STREET ADDRESS	5363 COMMERCIAL WAY
CITY-STATE-ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

900002859229--4
-04/30/99--01126--019
****750.00 ****750.00

900002859229--4
-04/30/99--01126--020
****150.00 ****150.00

p + s

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

11-11-98 813-861-1455

CR2E034 (10/97)