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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

141

FILED Feb 05 1998 8:00am Secretary of State

UNEG	A SYSTEMS, INC.	18780	(1)						
Principal Plac	ce of Business	Mailing	Address			ESTURBUR BON TABAN ADAM PREBADAN I	HOLL WHEN BIRDS BLOCK		E 4201) 1001
1814 NF LIIA	IMI GARDENS DR		DOW LANE						
SUITE 400		SUITE]			
n Miami Bea	ACH FL 33179		ND FL 33813				E IN THIS SPA	CE	
		US				3. Date Incorporated or Qualified			l
2 Principal F	Place of Business	2a. Mail	na Address			09/25/1989 4. FEI Number		TAR	plied For
7		} 	26			65-0153335			t Applicable
Suite, Apt.	#, etc.		, Apt. #, etc.				\$		Additional
2		27	27			5. Certificate of Status Desired	"	Fee Re	
City & Stat	te	City	& State			6. Election Campaign Financing		\$5.00	May Be
3		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added 1	to Fees
_ Zip ¬	Countr	· -		Count	ry	8. This corporation owes or has p		_	-
4	25	29		30		Personal Property Tax due Jur		_	J No
		ess of Current Registered	Agent	8	1 Name	10. Name and Address of New R	legistered Age	nt	
	ULCONER, LEE				Trans				
	SHADOW LANE			8:	2 Street Add	dress (P.O. Box Number is Not Accepta	able)		_
LA	KELAND FL 33813			8:	3				
				L				·	
	•			8-	4 City		FL 8	Zip (Code
			ich change was	authorized b	ov the corpora	ation's board of directors. I hereby acci	ant the annointi		remistered L
		e of registered agent and title if applic				rporation submits this statement for the ation's board of directors. I hereby accurately accuratel	ept the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name		cable. (NO				DATE		
SIGNATURE	Signature, typed or printed name	e of registered agent and ville if applic PFICERS AND DIRECTORS	cable. (NO	TE: Registered A	gent signature req	uired when reinstating)	DATE ICERS AND DIE		
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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 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 of 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 the attachment with an address.

GNATURE:

SIGNATURE: