APPROVED AND FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 1997 OCT 10 PM 4: 20 ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L50265 (2)UBA, INC. Principal Place of Business Mailing Address **BIO N. SWINTON AVE** 810 N. SWINTON AVE. **DELRAY BEACH FL 33444 DELRAY BEACH FL 33444** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1990 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0176878 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIDDELL, RAYMOND L. 810 NORTH SWINTON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33444** 83 84 City Zip Code 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 apont, 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. 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. 80ct DATE 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97) DELETE TITLE 1 1 100 F Change Addition RIDDELL, RAYMOND, L NAME 1.2 NAME CR2E034 810 N SWINTON AVE STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.11/11/1 REINSTATEME NAME RIDDELL, SUSAN, N 2.2 NAME 810 N SWINTON AVE STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Addition 3.1 TITLE Change 900002319839 NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS ****750.00 ****750.00 CITY-ST-ZIP 3 4. DITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do 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 conoration 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.