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 # L86007 (6)

1. Corporation Name
UNITY DEVELOPMENT CORP.

Principal Place of Business
P.O. BOX 1232
INDIAN ROCK BEACH FL 34635-1232

Mailing Address
P.O. BOX 1232
INDIAN ROCK BEACH FL 34635-1232

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-3020968 — ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
PAGE, STEVE
19535 GULF BOULEVARD
SUITE B
INDIAN SHORES FL 34635

10. Name and Address of New Registered Agent
81 Name: EVELYN PAGE
82 Street Address (P.O. Box Number is Not Acceptable): 19535 GULF BLVD
83 SUITE B
84 City: INDIAN SHORES FL 85 Zip Code: 34635

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 [signature] EVELYN PAGE PRESIDENT 4-29-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	PAGE, STEVE	
STREET ADDRESS	19535 GULF BOULEVARD SUITE B	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	SD	☐ DELETE
NAME	PAGE, EVELYN	
STREET ADDRESS	19535 GULF BLVD., STE. B	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/S	☒ Change ☐ Addition
2.2 NAME	PAGE, EVELYN	
2.3 STREET ADDRESS	19535 GULF BLVD STE B	
2.4 CITY-ST-ZIP	INDIAN SHORES FL 34635	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] EVELYN PAGE 4-29-96 595-9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #