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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

UNU	WN POINT SPRINGS, INC.			1 10 E 18 A 11			NAME BURNE BURNEY
Principal Plac	e of Business	Mailing Address					
420 S. Winter Garden-Vineland RD PO BOX 771547 Winter Garden FL 34777-8547		420 S. WINTER GI PO BOX 771547 WINTER GARDEN	ARDEN-VINELAND RD				
T			(C 04771 0547	 Date Incorporated or Qualified 02/11/1988 		e of Last 05/01/ 1	
Principal P	flace of Business	2a. Mailing Address		4. FEI Number		<i>33/0 </i>	Applied For
Suite, Apt	#, etc.	26		59-2883624			Not Applicat
		27		5. Certificate of Status Desired	×		5 Additional
City & State	e	City & State		6. Election Campaign Financing			Required
Zip	On all	28		Trust Fund Contribution			DO May Be ed to Fees
}	Country 25	Zip (29)	Country 30	8. This corporation has liability for Florida Statutes	intangible ta		
	9. Name and Address of Currer			10. Name and Address of New F	S No	tran	·
			81 Name	1000 00 11007	realistered y	- yeni	
	FORD, M. WADE		82 Street Add	dress (P.O. Box Number is Not Acceptate	blo)	····	·
420 S.	WINTER GARDEN-VINELAND RE	D	<u> </u>	To box Horriber is Not Acceptat	OIB)		
	X 771547		83				*
WINTE	R GARDEN FL 34777		84 City			85 Z	io Code
Pursuant t					FL		
· · · · · · · · · · · · · · · · · · ·	to the provisions of Sections 607 0502	and 607 1508 Florida Stati	the the choice perced perce			ا	
or register familiar wit	to the provisions of Sections 607,0502 ed agent, or both, in the State of Floric th, and accept the obligations of Secti	and 607.1508, Florida Statuda. Such change was author	ites, the above-named corpo ized by the corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appli	rpose of char ointment as	nging its reaistered	registered off
	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Socti	and 607,1508, Florida Stati da. Such change was author ion 607,0505, Florida Statute	ites, the above-named corpolized by the corporation's boass.	pration submits this statement for the pur and of directors. I hereby accept the appo	rpose of char ointment as i	nging its registered	registered of d agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 John 156-6397