SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

M81637

(4)

UNIPSYCH MANAGEMENT SERVICES, INC.

	FILED
Jul 31	1998 8:00am
Secr	etary of State

Principal Plac	ce of Business	Mailing Address			
7777 DAVIE RD. EXT		7777 DAVIE RD EXT			
SUITE SOS		SUITE 200			
HOLLYWOOD I	FL 33024	HOLLYWOOD FL 33024 US	4	DO NOT WRITE IN TO  3. Date Incorporated or Qualified	HIS SPACE
03		08		05/16/1988	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0052275	Not Applicable
Suite, Apt.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	100A	27 100A		9. Columbia of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28     Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes No
[27]	9. Name and Address of Curr	4. 1	30	10. Name and Address of New Register	
RRA	DMAN, LEO	•	81 Name	•	
	7 DAVIE RD EXTENSION		82 Street	Address (P.O. Box Number is Not Acceptable)	
	TE-908-		01 30000	Address (F.O. Box Multiber is Not Acceptable)	
HOL	LYW <b>OO</b> D FL 33024		B3 <	UITE LOOM	
			84 City	UITE NUA	85 Zip Code
	A DOTA NAME OF THE OWNER, AND ADDRESS OF THE			<b>_</b>	<u>'L                                     </u>
11. Pursuan	t to the provisions of sections 607.05 registered agent, or both, in the Sta	l502 and 607.1508, Florida Sta ate of Florida, Such channe w	atutes, the above-named c	orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap	changing its registered
agent. I	am familiar with, and accept the ob	oligations of, section 607.0505	, Florida Statutes.	ordinary board or directors. Thereby becopt the ap	pointmont as registered
SIGNATURE	Classical based or ministed across of acceptance		MON Building	DATE	
12.	Signature, typed or printed name of registered a OFFICERS.	AND DIRECTORS	(NOTE: Registered Agent signature 13.	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	DVS	DELETE			Change Addition
NAME	BRADMAN, LEO H		1.2 NAME		
STREET ADDRESS	9831 SW 6 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME.			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE NAME		L DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME  3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE			Change Addition
NAME		Deceie	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE				<u> 900002604</u>	
NAME		DELETE	J. I III CC		Change Addition
STREET ADDRESS		DELETE	5.2 NAME	-07/31/9801083-	Change Addition
l		DELETE		<b>900002604</b> -07/31/9801083- ***150.00	Change Addition
CITY-ST-ZIP		DELETE	5.2 NAME	-07/31/9801033- ***150.00	Change Addition
TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	-07/31/9801083- ***150.00	Change Addition
			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	-07/31/9801083- ***150.00	Change Addition
TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	-07/31/9801083- ***150.00	

14. 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 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.

6.4 CITY-ST-ZIP



## NIPSYCH

July 24, 1998

Department of State UNIPSYCH CORP Division of Corporations

P.O. Box 1500

UniPsych Management Tallahassee, FL 32302-1500

UniPsych Systems

SERVICES

Dear Sir/Madam:

UniPsych Benefits

THE BRADMAN NETWORK

BRADMAN CONSULTING SERVICES

Unipsych Press

PSYTEK

I am writing pursuant to my telephone conversation with one of your representatives earlier today. This pertains to our explanation for the delayed submission of the Profit Corporation Annual Report Form for 1998.

I am personally responsible for the prompt filing of all The reason that the corporate forms and documents. enclosed completed forms are late this year is that we have experienced extreme problems with the mails since our relocation from the third floor of this building to the first floor. The problems have included lost mail, returned mail, mail being delivered to other suites in the building and other situations. Delays of weeks and months have occurred.

Please find enclosed the following completed forms along with checks in the amount of \$150.00 for each of the corporations.

UniPsych Corp.	. м78926
UniPsych Management	M81637
UniPsych Systems	M81639
Bradman Consulting	M81636
The Bradman Network	J30788
UniPsych Benefits	M81638

Please note that when I received the second notice I realized this problem had occurred, also there was a further delay due to the corporation's sole officer being out of town and therefore unable to sign the forms.

I respectfully request your consideration in accepting these late forms and checks. Thank you.

Sincerely,

enout K Zeńa M. Beadle

Account Manager