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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38307 (7)
1. Corporation Name
GET UNIFIED NOW POLITICAL ACTION COMMITTEE, INC.



Principal Place of Business C/O KENNETH S. BEALL, JR. 777 S. FLAGLER DR. #500 EAST WEST PALM BEACH FL 33401	Mailing Address C/O KENNETH S. BEALL, JR. 777 S. FLAGLER DR. #500 EAST WEST PALM BEACH FL 33401-6161
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last Report 03/18/1996
4. FEI Number 65-0216116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BEALL, KENNETH S. JR.
777 S. FLAGLER DR #500 EAST
SUITE 500 E
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CPD <input type="checkbox"/> DELETE
NAME	MCINTOSH, DAVID
STREET ADDRESS	777 S FLAGLER DR #500 E
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BRINDELL, JAMES R.
STREET ADDRESS	777 S FLAGLER DR #500 E
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CARMODY, JOHN T., JR.
STREET ADDRESS	10 CENTRAL PKWY #400
CITY-ST-ZIP	STUART FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	DUKE, DAVIS W.
STREET ADDRESS	1 E BROWARD BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	NELSON, LARRY
STREET ADDRESS	777 S FLAGLER DR STE 500 E
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hall, D.
1.3 STREET ADDRESS	500 E. Broward Blvd Ste 1400
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33394
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Valdes-Fauli R.J
2.3 STREET ADDRESS	2 So. Biscayne Blvd Ste 3400
2.4 CITY-ST-ZIP	Miami, FL 33131-1997
3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vales, Jill
3.3 STREET ADDRESS	777 S. Flagler Dr. Ste 500E
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

4. 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in any attachment with an address.

SIGNATURE: *David McIntosh* DAVID MCINTOSH, CEO 4/7/97 (561) 650-0693

CR2E037 (9/96)