## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUITE 250

1031 W MORSE BLVD

WINTER PARK FL 32789

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P34085**

1. Corporation Name

Principal Place of Business 1031 W MORSE BLVD

WINTER PAR ( FL 32789

SUITE 250

UNION MANAGEMENT COMPANY USA, INC.

US		US					3. Date incorporated 05/28/1991	or Qualifed				
2 Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number				Applied For	
21	<b>300 01 230</b> 332	26	<b>⊢</b>				59-3065140				Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						- Desired		\$8.	<b>75</b> Ac	ditional
22		27	27				5. Certifcate of Statu	s Desired		Fe	e Req	ired
City & State	9	City & State					6. Election Campaign	n Financing		\$5	.00 N	ay Be
23		28					Trust F and Contrib	oution	<u> </u>	Ad	ded to	Fees
Zip	Coun ry	Zip	ZipCou				8. This corporation o	wes the curren	t year Int		_	_
24	25	29	29 30				T Globit at 1 topony runn				Yes []No	
	9. Name and Address of Currer	——	10. Name and Addre	ss of New Rec	gistered .	Agent						
CHARACTER TRADECT O ALVADEZ D A					Nam	<i>t</i>						
SWANN, HADLEY & ALVAREZ, P.A.				82 Street Ad tress (P.O. Box Number is Not Acceptable)								
1031 W. MORSE BLVD. SUITE 270												
MIM	ER PARK FL 32789											
				84	City	—-		-		85	Zip Cc	de
				1					FL	.		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida State	utes, the	above	e-name	d co po	pration submit; this state	ment for the pu	ırpose of	changir	ng its re as regi	egistered stered
office of n	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, F	Icrida Sta	tutes	ш <del>е со</del> : i,	JOIATIO	in a board of directors.	lordoy accept	ine app »			
SIGNATURE	· · ·											
SIGNATURE	Signature, typed or printed nar ie of registered age	nt and title if applicable. (NO	TE Register	ed Ager	nt signatur	required	when reinstating)		DATE			
12.		IC DIRECTORS	13			<del></del> -	ADDITIC NS/CHAN	GES TO OFFI	CERS / N			
TITLE	PSTD	☐ DELETE	1	TITLE						Ch:	ange	☐ Addition
NAME	BLANCHARD, JONATHON R				.2 NAME							
STREET ADDRES S	1031 W. MORSE BLVD. STE 14	<b>4</b> 0	1.3 STR		T ADDRES	ò						
CITY-ST-ZIP	WINTER PARK FL 32789		1.4	CITY-S	T-ZIP							
TITLE		☐ DELETE	2.1	TITLE						Ch:	ange	☐ Addition
NAME			2.2	NAME								
STREET ADDRESS			2.3 ST		2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4	CITY-S	ST-ZIP	Ц_						
TITLE		☐ DELETE	31	TITLE						☐ Cha	ange	☐ Addition
NAME			3.2 M		3.2 NAME							
STREET ADDRE: S			335		3 3 STREET ADDRESS							
CITY-ST-ZIP					3.4. CITY-ST-ZIP						···	
TITLE	☐ DELETE 41		41 TITLE		1				Ch.	ange	☐ Addition	
NAME			4, 2	NAME								
STREET ADDRES S			4.3	STREE	TADDRES	S						
CITY-ST-ZIP				CITY-S	T-ZIP	Д_						
TITLE				5.1 TITLE						☐ Ch	ange	☐ Addition
NAME				NAME								
STREET ADDRESS					TADORES	š						
CITY-ST-ZIP				CITY-S	T-ZIP	<del></del> _						
TITLE		☐ DELETE		TITLE						☐ Ch	ange	☐ Addition
NAME			6.2	NAME								
STREET ADDRES S			6.3	STREE	TADDRES	s						
CITY-ST-ZIP			64	CITY-S	T-ZIP							

SIGNATURE:

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 copporation 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 chapter 607, or on an attach item an address, with all other like empowered.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90192 020 \*\*\*150.00

DO NOT WRITE IN THIS SPACE