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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013861 (9)

UNITED SAVINGS ASSOCIATION, INC.

FILED Apr 30 1998 8:00am Secretary of State

ONITED SAVINGS ASSOCIA	TION, INO.			
Principal Place of Business	Mailing Address		- 1 FOOLISTON SHE IDERO HEDIN WHEN DUNIN ORMAN GOIDN I	II (CONTRACTO DI CONTRACTO DE C
2455 E SUNRISE BLVD	2455 E SUNRISE BLVD			
STE #309	STE #309			
FT LAUDERDALE FL 33304	FT LAUDERDALE FL 33304		DO NOT WRITE IN THIS	S SPACE
US	US		3. Date Incorporated or Qualified 12/23/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3157590	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
<b>Zip</b> Country	Zip	Country	8. This corporation owes or has paid the o	
24 25	29 3	0	Personal Property Tax due June 30.	∐ Yes ∐ No
	I Current Registered Agent	81 Name DP	10. Name and Address of New Registere	d Agent
COVEN, DAVID A		) Name 54	55 E. SUNPISE A	SIUD.
800 W CYPRESS CREEK R	OAD		ess (P.O. Box Number is Not Acceptable)	
STE #502		83	te 309	
FT LAUDERDALE FL 33309		63  .		
		84 City For	et LAUDERDALE F	
11. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statutes	, the above-named corporation	protion cultimite this statement for the nurness	of changing its registered
office or registered agent, or both, in the State of Figure was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tamiliar with, and accept the obligations of Section 607.0905, Florida Statutes.				
SIGNATURE CONTRACTOR	Kilanoth		4	1-24-98
Sto sature, typed or printed name of re-		Registered Agent signature require		
<del></del>	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME CARRUTHERS, ROBE	<del></del>			Change Addition
OASE C CHANDLE DIV		1.2 NAME		
ET LAUDEDDALE EL	(U, #305	1.3 STREET ADDRESS		
VIII VI EII	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE		2.2 NAME		C Change
MAME				
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
		3.3 STREET ADDRESS		İ
STREET ADDRESS		3.4. CITY-SI-ZIP		
CITY-ST-ZIP	DELETE	4.1 TITLE		Change Addition
NÁME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
		4.4 CITY - ST - ZIP		
C(TY-ST-ZIP TITLE	DELETE	5.1 T(TLE		Change Addition
NAME		5.2 NAME		- <del>-</del> - · ·
STREET ADDRESS		5.3 STREET ADDRESS		1
		5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		_ <del>-</del> <del></del>
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
Office of the state of the stat	malied with this films, does not availe for		Section 110 07/2)/i) Elecide Statutes, I further	partify that the information

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.

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