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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

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FLORI	MENT # P930 0 IDA UTF HIGHWAY 19, IN	•	·			
Principal Place i	of Rusiness	Mailing Address		<u> </u>	IN OOMIN OOMIN OOMIN MEN	K 0.001
Principal Place of Business Mailing Address ** UNITED TRUST FUND **701 BRICKELL AVE SUITE 1300 MIAMI FL 33131-2851 **MIAMI FL 33131-2851 **MIAMI FL 33131-2859		SUITE 1300	9. Date Incorporated or Outlifed	3a. Date of Last	Poport	
				3. Date Incorporated or Qualified 01/05/1993	02/20	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	1	Applied For
		26		65-0373807		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional e Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 1	00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for in		
Σ.Ψ. []	25	29	30	Florida Statutes Yes	▼ No	3 100.0021
1	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent	
			B1 Name			
LEVINE	, BRUCE M		B2 Street Add	dress (P.O. Box Number is Not Acceptable	9)	
5310 N	I.W. 33RD AVE.		<u></u>			
SUITE			83			
FORT	LAUDERDALE FL 33309		84 City		FL 85	Zip Code
 Pursuant to or registers 	ed agent, or both, in the State of Flori	2 and 607.1508, Florida Statu ida. Such change was authori:	ed by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	intment as register	ed agent. I am
familiar with SIGNATURE		tion 607.0505, Florida Statute	5.			
familiar with	Signature, typed or printed name of registered agen	tion 607,0505, Florida Statute nt and title 4 applicable (N	S. DTE: Registered Agenit signature requir		DATE	
familiar with	Signature, typed or printed name of registered agen	tion 607.0505, Florida Statute	S. DTE: Registered Agent signature requi	ed when reinstating:	DATE	TORS IN 12
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