

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 31 1997 8:00 am
Secretary of State

DOCUMENT # P93000013155 (5)

1. Corporation Name

- UNIFIED ENTERPRISES, INC.

Principal Place of Business

29247 US HWY. 19 NORTH
CLEARWATER FL 34621

Mailing Address

29247 US HWY. 19 NORTH
CLEARWATER FL 34621-2102

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3167348

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

□ No

9. Name and Address of Current Registered Agent

IACOLINO, P. R. II
29247 US HWY. 19 NORTH
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

David A. Sharp, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

24701 US Hwy 19 North Suite 104

83

84 City

Clearwater,

FL

85 Zip Code
34623

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

David A. Sharp, Esq.

3/07/97

Signature of officer or director of corporation required when reinstating

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PV IACOLINO, P.R. II ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
639 MICHIGAN AVE. #700
DUNEDIN FL 34698

TITLE ST ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SCHREMS, KATINA
29247 US HWY. 19 NORTH
CLEARWATER FL 34621

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PV
Rios, Jan
29247 US Hwy 19 North
Clearwater, FL 34621

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
ST
Marianne Sharp
29247 US Hwy 19 North
Clearwater, FL 34621

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN RIOS

Date

3/7/97 787-5800

Daytime Phone #

CR2E034 (9/96)