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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000040494

1. Corporation Name

UC	EAN H	IARBUR SPURTBUATS, IN	U .				ŝ				
Principal Place of Business Mailing Address						-	- 2			····-	
2401 N.E. 15TH AVENUE POMPANO BEACH FL 33062			C/O JAMES O. BIRR. JR. ESO. 600 N.E. THIRD AVENUE FORT LAUDERDALE FL 33304					DO NOT	WRITE IN	THIS SPACE	
US			FORT ENDERDALE PE 3000+			<u> </u>	3. Date Inc	orporated or Qua			
						1	06/07/	1993			
2. Principal Place of Business 2a. Mailing Address							4. FEI Nun			A	opplied For
21			26				65-0415752				lot Applicable
			Suite, Apt. ≠, etc.	Suite, Apt. ≠, etc.			5. Certificate of Status Desired			• •	Additional Required
22			27								
	y & State	-	City & State					Campaign Finan and Contribution	icing		May Be to Fees
23		Country	28 Zip	Country				poration owes the	o current ve		101663
Zip		25	29 30	- ·				Property Tax.	e current ye	☐ Yes	□No
24		9. Name and Address of Curren		1		1		nd Address of I	New Registe	ered Agent	
		J. (Valle)		81	Name						
BIRR, JAMES O JR					Street	Address	(P.O. Box	Number is Not A	rcentable)	·	
		NORTHEAST 3RD AVENUE		82	Ollect /	Addiess	(1 .O. DOX		ooopiasio)		
	FORT	LAUDERDALE FL 33304		83							
				84	City					85 Zig	Code
					•					FL	
11. P	ursuant t	o the provisions of Sections 607.050 agistered agent, or both, in the State	2 and 607.1508, Florida Statutes,	the above	e-named	corporat	ion submits	this statement for rectors. I hereby	or the purpo: accept the a	se of changing i	ts registered registered
l ac	nice or re gent. I an	n familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes			000.0	, , , , , , , , , , , , , , , , , , , ,			
i signa	ATURE										
		Signature, typed or printed name of registered age		<u> </u>	t signature r	required who	en reinstating)	NS/CHANGES T	O OFFICER	<u> </u>	ORS IN 12
12.	— · · · · γ	P OFFICERS AF	ND DIRECTORS	13.		PST		N3/CHANGES I	O OFFICER	1 Change	
TITLE		HUNT, DENNIS G	_ 5222.2	1.2 NAME				ENNIS G.		24-	_
NAME		2401 N.E. 15TH STREET		13 STREET	ADDRESS	310	11, DI	OAKLAND	PARK	BLVD.	
1	ADDRESS	POMPANO BEACH FL 33062		1.4 CITY - S				JDERDALE		33308	
TITLE	1-Z!P	VP	☐ DELETE	2.1 TITLE	,	1.01	L. LIAL	<u>) </u>		Change	Addition
NAME	ļ	HUNT, DANIEL G.		2.2 NAME						21	
1	ADDRESS	2401 N.E. 15TH STREET		2.3 STREET	ADDRESS			FEDERAL			
CITY-ST	ŧ	POMPANO BEACH FL 33062		2 4 CITY-S	T-ZIP) PON	APANO	BEACH,	FL 3	3062	
TITLE		ST	DELETE	3 1 TITLE						Chang	e 🗌 Addition
NAME		HUNT, MARGO E.	• •	32 NAME							
STREET	ADORESS	2401 N.E. 15TH STREET		33 STREE	TADDRESS	3					
CITY-ST	T-ZIP	POMPANO BEACH FL 33062		34 CFTY-5	ST-ZIP	1					
TITLE			☐ DELETE	41 TITLE						Chang	e 🔲 Addition
NAME				4 2 NAME							
STREET	T ADDRESS			•	TADDRESS	8					
CITY-ST	T- ZIP			4.4 CITY - S	T-ZIP					☐ Chang	e Addition
TITLE			☐ DELETE	5.1 TITLE						L. Criang	2 T. V00/1001
NAME		!		5.2 NAME	T ADDRESS						
STREET	T ADDRESS	,				1					
CITY-\$	T-21P		DELETE	5.4 CITY - S 6.1 TITLE	H- ZIP					Chang	e Addition
TITLE			fi nere ie	6.2 NAME						L_ Cang	
NAME	_ `		1		T ADDRESS	s					
I STREET	TADORESS	<u>l</u>	1	=		1					

14. I hereby certify that the information supplied with this filling 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 supplierhental 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 of the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed proan address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR