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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300045123

1. Corporation	n Name							
UNION (CAB, INC.							
	•							
	·							
Principal Place	e of Business	Mailing Address	S					
3252 PALM AVE	E	3252 PALM AVE						
FORT MYERS FL 33901		L 33901			DO NOT WRITE IN THIS SPACE			
FT. MYERS FL 33901 US		•			3. Date Incorporated or Qualifed			
00	•					06/21/1993		1
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
21		26				65-0425724		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.				<u> </u>	75 Additional
22		27				5. Certificate of Status Desired	□ F	ee Required
City & State	е	City & State	a			6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution	Ac	ded to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the cur		
24	25	29	30	<u> </u>		Personal Property Tax.	Yes	s □No
	9. Name and Address of Curre	ent Registered Agent	<u>; </u>	81	Name	10. Name and Address of New I	Registered Agent	
GRIE	FIN, JUDITH			"	Name			
	PALM AVE			82	Street Add	ress (P.O. Box Number is Not Accept	able)	
	T MYERS FL 33901			83		 		
	I Interior in vect.							
	;			84			85	Zip Code
				84	City			}
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Flor	rida Statutes		•	poration submits this statement for the	FL	ng its registered
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Flor e of Florida. Such char	rida Statutes,	the above	•	poration submits this statement for the ion's board of directors. I hereby acce	FL	ng its registered as registered
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 607.1508, Flor e of Florida. Such char pations of, Section 607	rida Statutes, nge was autho '.0505, Florida	the above	•	poration submits this statement for the ion's board of directors. I hereby acce	FL	ng its registered as registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblight of the state of the	GREATIVE TA)	the above orized by a Statutes.	•	J. Duffin	FL	ng its registered as registered
agent. I a	Signature, typed or printed name of registered ag	GREATIVE TA)	the above orized by a Statutes.	e-named corp the corporati	J. Duffin	e purpose of changing the appointment	3, 1999 ECTORS IN 12
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CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: