

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # P93000047367 (6)

**FIDELITY TRANSFER CORP.**



Principal Place of Business	Mailing Address
% UNITED GROUP 8211 W BROWARD BLVD SUITE 240 PLANTATION FL 33324	% UNITED GROUP 8211 W BROWARD BLVD SUITE 240 PLANTATION FL 33324

3. Date Incorporated or Qualified 07/07/1993	3a. Date of Last Report 03/20/1995
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2.	Principal Place of Business		2a.	Mailing Address	
21	C/O UNITED REALTY Suite, Apt. #, etc. 3300 UNIV DRIVE #405 City & State CORAL SPRINGS FLA Zip 33065		26	C/O UNITED REALTY Suite, Apt. #, etc. 3300 UNIV DRIVE #405 City & State CORAL SPRINGS FLA Zip 33065	
22	Country		27	Country	
23	25		28	29	
24	33065		29	33065	
25	Country		30	Country	
26	27		31	32	
27	28		32	33	
28	29		33	34	
29	30		34	35	
30	31		35	36	
31	32		36	37	
32	33		37	38	
33	34		38	39	
34	35		39	40	
35	36		40	41	
36	37		41	42	
37	38		42	43	
38	39		43	44	
39	40		44	45	
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41	42		46	47	
42	43		47	48	
43	44		48	49	
44	45		49	50	
45	46		50	51	
46	47		51	52	
47	48		52	53	
48	49		53	54	
49	50		54	55	
50	51		55	56	
51	52		56	57	
52	53		57	58	
53	54		58	59	
54	55		59	60	
55	56		60	61	
56	57		61	62	
57	58		62	63	
58	59		63	64	
59	60		64	65	
60	61		65	66	
61	62		66	67	
62	63		67	68	
63	64		68	69	
64	65		69	70	
65	66		70	71	
66	67		71	72	
67	68		72	73	
68	69		73	74	
69	70		74	75	
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71	72		76	77	
72	73		77	78	
73	74		78	79	
74	75		79	80	
75	76		80	81	
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79	80		84	85	
80	81		85	86	
81	82		86	87	
82	83		87	88	
83	84		88	89	
84	85		89	90	
85	86		90	91	
86	87		91	92	
87	88		92	93	
88	89		93	94	
89	90		94	95	
90	91		95	96	
91	92		96	97	
92	93		97	98	
93	94		98	99	
94	95		99	100	

07/07/1993		Applied For	
4. FEI Number		Not Applicable	
65-0421255			
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

MOSBERG, ANDREW  
% UNITED GROUP  
8211 W BROWARD BLVD SUITE 240  
PLANTATION FL 33324

81	Name	ANDREW MOISBERG		
82	Street Address (P.O. Box Number is Not Acceptable)	8164 TWIN LAKE DRIVE		
83				
84	City	BOCA RATON	FL	85 Zip Code 33496

PLANTATION FL 33324

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.

4/16/96

DIRECTORS IN 12

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	DP		
NAME	MOSBERG, ANDREW		
STREET ADDRESS	% 8211 W BROWARD BLVD SUITE 240		
CITY-ST-ZIP	PLANTATION FL		
TITLE	SVPD		<input type="checkbox"/> DELETE
NAME	SOLOMON, HOWARD W		
STREET ADDRESS	% 8211 W BROWARD BLVD SUITE 240		
CITY-ST-ZIP	PLANTATION FL		<input type="checkbox"/> DELETE
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	8164 TWIN LAKE DRIVE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	4755 NW 96 DRIVE	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

For the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information is true and correct and that the effect as if made under

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY- ST- ZIP \_\_\_\_\_  
CITY- ST- ZIP \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

*Anthony Moore* Date 4/16/96 Daytime Phone 352-8119

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0239250 CP