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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000065438 (2)
1. Corporation Name
UNITED ENTERPRISES OF ORANGE COUNTY, INC.



Principal Place of Business: **202 LIVE OAK BLVD. CASSELBERRY FL 32707 US**
Mailing Address: **202 LIVE OAK BLVD. CASSELBERRY FL 32707-3830 US**

3. Date Incorporated or Qualified: **09/15/1993** 3a. Date of Last Report: **03/19/1996**
4. FEI Number: **59-3204216** Applied For: Not Applicable
5. Certificate of Status Desired: **\$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

2. Principal Place of Business: **108 COMMERCE STREET SUITE APT. #, etc. SUITE 105 LAKE MARY, FL 32746 US**
2a. Mailing Address: **108 COMMERCE STREET SUITE APT. #, etc. SUITE 105 LAKE MARY, FL 32746 US**

9. Name and Address of Current Registered Agent: **B&C CORPORATE SERVICES OF CENTRAL FL INC. 390 N. ORANGE AVENUE SUITE 1100 ORLANDO FL 32801**
10. Name and Address of New Registered Agent: **MICHAEL MCKENNA, PRESIDENT 4-17-97**

11. Pursuant to the provisions of Sections 607.0512 and 607.0508 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 not a partner and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Michael McKenna* **MICHAEL MCKENNA, PRESIDENT** DATE: **4-17-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D MCKENNA, MICHAEL F SR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	202 LIVE OAK BLVD. CASSELBERRY FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 officer or director 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 in an attached block, an address.

SIGNATURE: *Michael McKenna* **MICHAEL MCKENNA, PRESIDENT** DATE: **4-17-97** Dystime Phone: **444-0441**

CR2E034 (9/96)