


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90238 023 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000074963			
1. Corporation Name UNDERSTEIN & ASSOCIATES, INC.			
Principal Place of Business 510 HARBOR COVE CIRCLE LONG BOAT KEY FL 34228		Mailing Address 510 HARBOR COVE CIRCLE LONG BOAT KEY FL 34228	
2. Principal Place of Business 21 3704 Gulf of Mexico Dr Suite, Apt. #, etc. 22 #414 City & State 23 Zip 24 Country 25		2a. Mailing Address 26 3704 Gulf of Mexico Dr Suite, Apt. #, etc. 27 #414 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent HARRELL, DONALD J 1776 RINGLING BLVD SARASOTA FL 34236			
10. Name and Address of New Registered Agent 81 Name Robert Understein 82 Street Address (P.O. Box Number is Not Acceptable) 3704 Gulf of Mexico Dr 83 #414 84 City Longboat Key FL 85 Zip Code 34228			
11. Pursuant to the provisions of Sections 607.0502 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 familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE [Signature] DATE 4/12/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE P NAME UNDERSTEIN, ROBERT STREET ADDRESS 510 HARBOR COVE CIRCLE CITY-ST-ZIP LONG BOAT KEY FL 34228 [Delete] [Delete] [Delete] [Delete] [Delete]			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3704 Gulf of Mexico Dr. #414 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1993	
4. FEI Number 65-0448411	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20234 (11/98)