FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000009475 (2)**

1. Corporation Name

UCHIN-GALIN CORPORATION

Principal Place of Business	Mailing Address
2916 BAYVIEW DR. FORT LAUDERDALE FL 33306	2916 BAYVIEW DR. FORT LAUDERDALE FL 33306

3. Date Incorporated or Qualified: **01/31/1994**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21 3037 E COMMERCIAL BLVD
22 Suite, Apt. #, etc.
23 City & State: FORT LAUDERDALE FL
24 Zip: 33308 Country: 25

2a. Mailing Address
26 3037 E COMMERCIAL BLVD
27 Suite, Apt. #, etc.
28 City & State: FORT LAUDERDALE FL
29 Zip: 33308 Country: 30

4. FEI Number: **65-0483910** ☐ 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

9. Name and Address of Current Registered Agent

JENNE, KENNETH C II
CONRAD, SCHERER, JAMES & JENNE
633 S. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when executing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DR.	☑ Change ☐ Addition
NAME	UCHIN, ROBERT DR		1.2 NAME	ROBERT UCHIN	
STREET ADDRESS	2916 BAYVIEW DR.		1.3 STREET ADDRESS	3037 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALIN, CLARK DR		2.2 NAME		
STREET ADDRESS	8200 W. SUNRISE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: Robert Uchin Pres. 1/29/96 954 772-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #