PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000041315**1. Corporation Name

UNIFICATION CONCEPT INVESTMENT, INC.

Principal Plac	e of Business	Mailing Add	Mailing Address								
3011 NE 57TH COURT			3011 NE 57TH COURT								
FT. LAUDERDA	LE FL 33308	FT. LAUDER	FT. LAUDERDALE FL 33308					DO NOT WR	ITE IN THIS	SPACE	
								3. Date Incorporated or Qualifed		OI AGE	
								06/02/1994			
a Principal D	loop of Business	2a Mailing	2a. Mailing Address					4. FEI Number			Applied For
-	lace of Business	<u> </u>	H					59-7038889		⊢	Not Applicable
21 Cutto Ant	#		Suite. Apt. #, etc.					39 7030009	N		Additional
Sufte, Apt.	#, etc.	 -1	27					5. Certifcate of Status Desired	X	•	Required
22 City & Stat			City & State					6. Election Campaign Financing		\$5.00	May Be
— t.t	e		28					Trust Fund Contribution			to Fees
23 .* Zip	Country		Zip Cou					8. This corporation owes the cur	rent vear In		
	25	29		30				Personal Property Tax.	ioni your in	Yes	□No
24	g. Name and Address of Currer		nent	30	Т			10. Name and Address of New	Registered	Agent	
	g. Harris and Addition of Curren	it regional a			81	Name			-		
FRA	NTZ, JEFFREY W				82						
	00 BISCAYNE BLVD.					Street	Addre	ss (P.O. Box Number is Not Accept	(able)		
STE					83						
	ITH MIAMI FL 33181										
					84	City			FL	85 Zip	Code
	to the provisions of Sections 607.050	22 and 607 4509	Florida Ctatut	on the	about	named	corno	ration submits this statement for the		changing i	ts registered
office or r	egistered agent, or both, in the State	of Florida, Such	change was a	uthorize	a by	tne como	oration	n's board of directors. I hereby acce	pt the appo	intment as	registered
agent. I a	m familiar with, and accept the obliga	itions of, Section	607.0505, Flo	rida Sta	itutes.						Į.
SIGNATURE								when reinstating)	DÂTE		
	Signature, typed or printed name of registered age	ND DIRECTORS	, (NOTE	: Registere		t signature r	required ·	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
12.	PTD ·	ID DIRECTORS	☐ DELÉTE	_	TITLE			ADDITIONS/CHANGES TO CI	TIOLITO /II	☐ Change	
TITLE	· · -				NAME	!	1			_ ,	_ [
NAME	GOULON, RENE			1		*******					1
STREET ADDRESS	3011 NE 57TH COURT			1		ADDRESS					
CITY-\$T-ZIP	FT. LAUDERDALE FL 33308		DELETE		CITY-S1	-ZIP		· <u></u>		Change	Addition
TITLE	DS		Choerese	- 1	πιε						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	SCHMIDT, ELARD R				NAME						
STREET ADDRESS	3011 NE 57TH COURT			2.3	STREET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			2.4	CITY-S	T-ZIP	<u> </u>				Addition
TITLE			☐ DELETE		TITLE					Change	e ☐ Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS					
C/TY-ST-ZIP				3.4.	CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1	TITLE					☐ Change	e
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREET	ADDRESS					
CITY-\$T-ZIP				4.41	CITY-S1	-ZIP	<u> </u>				
TITLE			DELETE	5.1	TITLE				_	☐ Change	Addition
NAME				5.21	NAME	!	1				j
STREET ADDRESS				5.3	STREET	ADDRESS	1				
CITY-ST-ZIP				5.4	CITY-S1	-ZIP	-				
TITLE			☐ DELETE	6.1	TITLE		1			Change	Addition
NAME				6.21	NAME						
STREET ADDRESS	, ,			6.3	STREET	ADDRESS	1				

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: SIGNATURE AND TYPED OR PRINTED NAME OF

3.24, 99

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90002 013 ***158.75