


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

FILED

Sep 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000076195**  
1. Corporation Name  
**UNLIMITED PROPERTIES OF FLORIDA INC.**

Principal Place of Business <b>3001 ALOMA AVE SUITE 112 WINTER PARK FL 32798</b>	Mailing Address <b>8608 GRANDEE DR ORLANDO FL 32829</b>
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2. Principal Place of Business 21 <b>3001 ALOMA AVE</b> Suite, Apt. #, etc. 22 <b>SUITE 112</b> City & State 23 <b>WINTER PARK FL</b> Zip 24 <b>32792</b>	2a. Mailing Address 26 <b>8608 GRANDEE DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>ORLANDO</b> Zip 29 <b>32829</b>	Country 30 <b>ORANGE</b>
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3. Date Incorporated or Qualified <b>10-14-94</b>	3a. Date of Last Report <b>AUGUST 96</b>
4. FEI Number <b>59-3274806</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JULIO MOLINA  
8614 BRACKENWOOD DR  
ORLANDO FL 32829**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>FRANCISCO DELA ROSA</b>	11 TITLE <b>T</b>	<b>WALTER J HANLIN</b>
NAME	<b>8608 GRANDEE DR</b>	12 NAME	<b>1055 CHAMBERD COURT</b>
STREET ADDRESS	<b>ORLANDO FL 32829</b>	13 STREET ADDRESS	<b>ORLANDO FL 32825</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE <b>S</b>	<b>DELSY GUZMAN</b>	21 TITLE	
NAME	<b>2052 EX CALIBUR DR</b>	22 NAME	
STREET ADDRESS	<b>ORLANDO FL 32822</b>	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	<b>000002286520</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-09/08/97--01004--020</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>***550.00</b>
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: **Francisco Dela Rosa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/26/97 407-281-6009**  
Date Daytime Phone #

CR2E034 (9/96)