## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P94000079397**

1. Corporation Name

) Unitt r	FACTUR, INC	)•									
Principal Place of Business Mailing Address							,	-	AMAN DONN DONS GAMA DE	KIII (84418 18188 )	JAN 1861 1861 1881
. ,								• .		ı	•
1855 N.W. 107TH DRIVE										,	
The state of the s								DO NOT WRITE IN THIS SPACE			
								3. Date incorporated of	r Qualifed	•	
								10/27/1994		,	
2. Principal Place of Business				2a. Mailing Address				4, FEI Number			Applied For
21		26					65-0529473	•		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcate of Status	Desired		Additional Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
Zíp	Cip Country			Zip Country				8. This corporation ow	es the current year	Intangible	
24	25		29	30				Personal Property Tax.			
Name and Address of Current Registered Agent								10. Name and Address	of New Registere	ed Agent	
SMITH, WILLIAM H					8	31   1	lame				
1855 N.W. 107TH DRIVE				•		32 5	Street Addre	ss (P.O. Box Number is N	ot Acceptable)		
CORAL SPRINGS FL 33071				-				O Section	200 - 120 -	<u> </u>	Dr. Art Bereiter
Appear to the second se						34 (	City	•	F	L 85 Zi	p Code
11. Pursuant office or	t to the provisions registered agent,	of Sections 607.0502 or both, in the State of	and 607. f Floridá.	1508, Florida Statut Such change was a	es, the about	ove-n	amed corporation	ration submits this statement's board of directors. I he	ent for the purpose reby accept the app	of changing i	ts registered registered
_		and accept the obligati	ons or, se	Clion 607.0505, Fig	noa Statute	es.			•		
SIGNATURE		inted name of registered agent	and title if app	licable. (NOTE	: Registered Ag	gent sig	nature required v	when reinstating)	DATE		
12.		. OFFICERS AND	DIRECT	ORS .	13.			ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	P			☐ DELETE	1.1 TITLE	=				☐ Change	e Addition
NAME	SMITH, WILLIAM H					1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS 1855 N.W. 107TH DRIVE											
CITY-ST-ZIP						1.4 CITY-ST-ZIP					
TITLE	VTS			□ DELETE	2.1 TITLE	Ξ.		•		. Change	Addition
NAME	SMITH, CIND			,		2.2 NAME					
STREET ADDRESS	· · · -			•		2.3 STREET ADDRESS		•			
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TITLE	\$1 m 1/2 W	,		☐ DELETE	3.1 TITLE	Ē		*		Change	Addition
NAME	The state of	· · · ·				3.2 NAME		,			
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CITY-ST-ZIP						3.4. CITY-ST-ZIP					
TITLE	<u>.</u>	٠.		☐ DELETE	4.1 TITLE					∴ ☐ Change	Addition
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CITY-ST-ZIP					4.4 CITY-		·				
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NAME	[				5.2 NAME		) )	and the first of the second		•	
STREET ADDRESS	[ e ], , , , ,				5.3 STRE		1				
CITY-ST-ZIP TITLE	*	<del>· ,</del>		☐ DELETE	5.4 CITY- 6.1 TITLE		-		•	☐ Change	☐ kalakka-
THE	1			T DEFEIG	V.1 111LE		1			∟ ∪nange	e ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90065 030 \*\*\*150.00