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

PROFIT -**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087579

1. Corporation Name

UNGER SWARTWOOD LATHAM & INDEST, P.A.

ONGER, OWARTWOOD, E	MINING MOLOTY 1 41					
Principal Place of Business	Mailing Address	····		I MORTON THE LEGIT MONT MONT BOTH BOTH DOILS	1911 : 1869 1 114	
701 PEACHTREE RD	701 PEACHTREE RD					
SUITE 1301 SUITE 1301				DO NOT WRITE IN THIS	SPACE	
ORLANDO FL 32804 ORLANDO FL 32804				3. Date Incorporated or Qualifed	JEAUL	
US	us			12/02/1994		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	I Ap	plied For
				59-3280484	⊢	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	. <u>.</u>			\$8.75 A	
22	27			5. Certificate of Status Desired	- Fee Re	quired
City & State	City & State			6, Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added t	o Fees
Zip Country	y Zip	Country	1	8. This corporation owes the current year Ir		
24 25	29 36	0	***	Personal Property Tax.	□Yes	Νo
9. Name and Addre	ss of Current Registered Agent			10. Name and Address of New Registered	1 Agent	
INCED MARTING		81	Name	t		
UNGER, MARTN B		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
701 PEACHTREE RD		-		<u> </u>		
SUITE 1301		83	'[}
ORLANDO FL 32804		84	City	·	85 Zip (Code
			<u> </u>	FI	_	registered
office or registered agent, or both.	, in the State of Florida. Such change was auti	horized by	the cornors	orporation submits this statement for the purpose of	ointment as re	gistered
agent. I am familiar with, and acce	ept the obligations of, Section 607.0505, Florid	la Statutes	3.	, ,,		Ĭ
agent. I am familiar with, and acce	ept the obligations of, Section 607.0505, Florid	ia Statutes	3 .	nired when reinstating) DATE		
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

OF SIGNING OFFICER ORDIRECTOR,

SIGNATURE:

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90129 010 ***150.00