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 # P94000087652

UNITED FEDERAL REALTY, INC.

	· ·						
Principal Plac	e of Business	Mailing Address					
10707 - 66TH ST. N. #15		10707 - 66TH ST. N. #15					
		PINELLAS PARK FL 34666	(FL 34666		DO NOT WIDITE IN THE	CDACE	
US	•				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 12/02/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1 1 1 1 1 1	lied For
21		26			59-3298252		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	I .
22	·	27		.,,,	5. 00	Fee Red	
City&_Stat	10	City & State			6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	— "' — —	ountry		8. This corporation owes the current year In		
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	. N	10. Name and Address of New Registered	Agent	
MIC	MATERIA ADTURE I		61	Name	•		
MICHAUD, ARTHUR J			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
10707 - 66TH ST. N. #15							
PINE	ELLAS PARK FL 33782		83				
			84	City	FL	85 Zip C	ode
office or agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florida S	atutes	tne corporatio	n's board of directors. I hereby accept the appo	annient as reg	
12.	OFFICERS ANI		3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELETE 1.	1 TITLE			Change	☐ Addition
NAME	MICHAUD, ARTHUR J	1 1;	NAME				[
STREET ADDRESS	40707 COTH OT N. #45	13	STREET	FADDRESS			İ
CITY-ST-ZIP	NAICH AG BARK SI		4 CITY-S				
TITLE	PVST					Change	☐ Addition
NAME	MICHAUD, ARTHUR J	J 2.2 NAME 10RTH #15 2.3 STREET AI					
STREET ADDRESS	40707 ON OTDEET MODELL #45	2.	3 STREET	ADDRESS			ì
	PINELLAS PARK FL		4 CITY-S	Ì			ļ
CITY-ST-ZIP		DELETE 31:TI				Change-	Addition
NAME			2 NAME	_		•	
STREET ADDRESS				TADDRESS	·		
CITY-ST-ZIP	· ·		4. CITY-S				
TITLE			1 TITLE			☐ Change	Addition
NAME			2 NAME				
STREET ADDRESS				T ADDRESS			ļ
		1	4 CITY-S				
CITY-ST-ZIP	 		マンロリング	1 411			
			1 TITLE	1		☐ Change	Addition [
NAME		☐ DELETE 5.	1 TITLE 2 NAME			☐ Change	[Addition
		☐ DELETE 5.	2 NAME	T ADDRESS		☐ Change	Addition
STREET ADDRESS	5	☐ DELETE 5. 5. 5.	2 NAME 3 STREE	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP	S	☐ DELETE 5. 5. 5. 5.	2 NAME			☐ Change	Addition Addition
	S	☐ DELETE 5. 5. 5. 5. ☐ DELETE 6.	2 NAME 3 STREE 4 CITY-S				

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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90088 002 ***150.00