

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089383 (1)

1. Corporation Name

UNISON MANAGEMENT CORP.



Principal Place of Business

Mailing Address

25350 U.S. 19 NORTH #155
CLEARWATER FL 34623

25350 U.S. 19 NORTH #155
CLEARWATER FL 34623

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 **2717 SEVILLE BLVD**

Suite, Apt. #, etc.

22 **SUITE 4208**

City & State

23 **CLEARWATER FL**

Zip

24 **34624**

Country

25 **USA**

2a. Mailing Address

26 **2717 SEVILLE BLVD**

Suite, Apt. #, etc.

27 **SUITE 4208**

City & State

28 **CLEARWATER FL**

Zip

29 **34624**

Country

30 **USA**

4. FEI Number
65-0540869

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TABIAAT, RAMI NABIL
25350 U.S. 19 NORTH, #155
CLEARWATER FL 34623**

81 Name **TABIAAT, RAMI NABIL**
82 Street Address (P.O. Box Number is Not Acceptable)
2717 SEVILLE BLVD
83 **SUITE # 4208**
84 City **CLEARWATER** FL 85 Zip Code **34624**

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 office 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]
Signature, typed or printed name of registered agent and title (appropriate)

RAMI TABIAAT, PRESIDENT
If both Registered Agent's signature required when reinstating

10 JUNE '96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	TABIAAT, RAMI NABIL	
STREET ADDRESS	25350 US 19 N #155	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PRESIDENT / TREASURER / SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TABIAAT, RAMI NABIL	
13 STREET ADDRESS	2717 SEVILLE BLVD # 4208	
14 CITY-ST-ZIP	CLEARWATER FL 34624	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 JUNE 96
DATE

(813) 725-7422
Daytime Phone #

CR2E034 (3/96)