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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000003455 (9)

1. Corporation Name

UNITED CAPITAL OF CENTRAL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~207 E HILLCREST ST~~
~~ORLANDO FL 32801~~
~~US~~

~~207 E HILLCREST ST~~
~~ORLANDO FL 32801~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 1249 N. Orange Ave

26 1249 N. Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Orlando FL

27 City & State
28 Orlando FL

24 Zip 32804

25 Country Orange

29 Zip 32804

30 Country Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PARRETT, JOHN~~
~~6175 VALERIAN BLVD~~
~~ORLANDO FL 32819~~

81 Name Berry Walker
82 Street Address/R.O. Box Number is Not Acceptable
235 Martland Ave S. Suite 216
83
84 Martland FL 85 Zip Code 32751

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 typed or printed (Name of the registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

BERRY J. WALKER, JR. 4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	PARRETT, JOHN	6175 VALERIAN BLVD	ORLANDO FL 32819	<input type="checkbox"/>
		1249 N. Orange Ave	Orlando, FL 32804	
VP	MULLVAIN, MIKE	207 E HILLCREST ST	ORLANDO FL 32801	<input type="checkbox"/>
		1249 N. Orange Ave	Orlando, FL 32804	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)