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

Mailing Address 1249 N ORANGE AVE

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9500003455

1. Corporation Name

Principal Place of Business

1249 N ORANGE AVE

UNITED CAPITAL OF CENTRAL FLORIDA, INC.

| 3. Date Incorporated or Qualified 0/11/2/1985 2. Principal Place of Business 2.a. Mailing Address 2.a. Mailing Address 3. FEI Number 59-3303225 5. Not Applied For 59-3303225 5. Not Applied For 59-3303225 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Trust Fund Contribution 2. Added to Fees 2. City & State 3. This corporation owes the current year Intangible Personal Property Tax 4. File Country 2. Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property Tax 4. This corporation owes the current year Intangible Personal Property T | ORLANDO FL 32804 | | ORLANDO FL 32804 | | | | DO NOT WRITE IN THIS SPACE | | | |
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| Sulfa, Apt. #, etc. | 2 Principal P | lace of Rusiness | 2a Mailing Address | | - | | | | TAp | plied For |
| Sulte, Apt 8, etc. Sulte, Apt 8, etc. Sulte, Apt 8, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required \$1.00 | <u> </u> | lace of Business | <u> </u> | | - ' | ~ | ~~ · · · · · · · · · · · · · · · · · · | | | |
| Scale | | # oto | + | | | _ | <u> </u> | | | |
| City & State Ci | | #, etc. | | | | | 5. Certifcate of Status Desired | | | |
| Zip Country Zip Country Zip Country S. This corporation owes the current year intragable Personal Property Tax. Vas No | | | tate | | | 6 Flortion Campaign Financing | | \$5.00 | May Be | |
| Zip | | 6 | ⊢ ′ | | | | · • | | • | |
| 29 30 Personal Property Tax 9 | | Country | | Countr | v | | | ent vear Inta | naible | |
| S. Name and Address of Current Registered Agent WALKER, BERRY 23S MATILAND AVE S STE 216 MATILAND FL 32751 44 City FL 85 Zip Code 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 agent, or both, in the State of Florids. Such change was authorized by the origination of Section 107.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 67.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 67.0508, Florida Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 67.0508, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS | - ' | | | 1 | - 1 | | | , | _ | □No |
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| 11. Pursuant to the provisions of Sections 607:0502 and 607:1508, Florida Statutes, above-named corporation submits his statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607:0505, Florida Statutes. SIGNATURE Signature, typed or printed named of impaisment agent and tise if applicables (NOTE, Requisived Agent signature required when relensaring) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHA | | | | " | 1 | | | | | |
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| indicated on this annual report or supplemental annual reports 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 | CITY-ST-ZIP | portify that the information supplied with | this filing does not qualify for | | | ed in Sec | tion 119 07(3)(i) Florida Statutes | I further cert | ify that the in | |
| 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 | indicated | on this annual report or supplemental a | nnual report is true and accur | ate and the | at my sig | gnature si | hall have the same legal effect as i | f made unde | roath; that | i am an |
| | officer or Block 12 | director of the corporation or the receiver Block 13 if changed, or on an attached | er or trustate empowered to ex mept with an address, with all | ecute this other like (| report as empower | s required red. | o by Chapter 607, Florida Statutes | ; and that my | r name appe | ans m |

RINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90142 017 ***150.00