

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011961 (6)

1. Corporation Name

UNLIMITED SALES & SERVICE, INC.



Principal Place of Business: **20555 N.E. 6TH COURT NORTH MIAMI BEACH FL 33179**
Mailing Address: **20555 N.E. 6TH COURT NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Suite, Apt. #, etc.; City & State; Zip; Country
26-30: Suite, Apt. #, etc.; City & State; Zip; Country

3. Date Incorporated or Qualified: **02/10/1995**
3a. Date of Last Report
4. FEI Number: **65-0556434**
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

**MITTELBERG, BARRY
6208 WEST COMMERCIAL BLVD.
SUITE 2
FORT LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 type or professional registration (if applicable) (Type in Block 12)

Date (Type in Block 13)

Date

12. OFFICERS AND DIRECTORS
 1. TITLE: DELETE
 NAME: **DPS WARECH, SCOTT**
 STREET ADDRESS: **20555 N.E. 6TH COURT**
 CITY-ST-ZIP: **NORTH MIAMI BEACH FL 33179**
 2. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 3. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 4. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 5. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 6. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 7. TITLE: Change Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY-ST-ZIP:
 21 TITLE: Change Addition
 22 NAME:
 23 STREET ADDRESS:
 24 CITY-ST-ZIP:
 31 TITLE: Change Addition
 32 NAME:
 33 STREET ADDRESS:
 34 CITY-ST-ZIP:
 41 TITLE: Change Addition
 42 NAME:
 43 STREET ADDRESS:
 44 CITY-ST-ZIP:
 51 TITLE: Change Addition
 52 NAME:
 53 STREET ADDRESS:
 54 CITY-ST-ZIP:
 61 TITLE: Change 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 or person 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SCOTT J. WARECH**

Date: **3/15/96**
Corporate Phone #: **(305) 652-4183**

CR2E034 (12/95)