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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996DOCUMENT #

P95000013223 (9)

UTC II, INC.

Principal Place of Business Mailing Address 702 NORTH FRANKLIN STREET 702 NORTH FRANKLIN STREET **TAMPA FL 33602** TAMPA FL 33602 3. Date incorporated or Qualified 3a. Date of Last Report 02/16/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State Oity & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 Country Ζiρ Zip 30 X Yes No 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCDEVITT, S M Street Address (P.O. Box Number is Not Acceptable) 82 702 NORTH FRANKLIN STREET 83 **TAMPA FL 33602** City Zip Code 85 11. Pureuant 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNAT<u>Û</u>RE CATE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1100 KOSTORYZ, J A CR2E034 NAME 1.2 NAMS 702 NORTH FRANKLIN STREET STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33602** 1.4 C+1Y - \$1 - 7+ City - St - Z P DELETE Change Addition 2.1 July F TUTLE OAK, A D NAME 2.2 NAME 702 NORTH FRANKLIN STREET STREET ADDRESS 2.3 STHEET ADDRESS **TAMPA FL 33602** 2.4 CIEY - ST - ZIP CITY - S1 - ZIP 🗀 bêlêrê ☐ Change Addition TIFLE 3 1 TIPLE KESSEL, R H NAME 3.2 NAMI 702 NORTH FRANKLIN STREET STREET ADDRESS 3.1 STREET ADDRESS **TAMPA FL 33602** CITY - ST - ZIP 3 4 CITY - 51 - ZIP Change DELETE 4 1 TITLE Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 800001824048 CITY - ST - ZIP 4.4 CITY - ST - ZIP -05/16/96--01027--0<u>0</u>3:range DELETE TITLE 5 1 TITLE ***200.00 NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - 24P DELFIE Change 6 1 TIFLE TITLE

6.2 NAM8

6.3 STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information supp

appears in Block 12 or Block 13 if char

certify that the information indicated on this oath; that I am an officer or director of the

NAME

STREET ADDRESS

IGNATURE AND TYLED DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

shed and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes.

inual regurt is true and accurate and that my signature shall have the same legal effect as if made under tee englowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED

Secretary of State

May 01 1996 8:00 am

(813)228-4218

Obytenie Pharicia