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

APPROVED
AND
FILED

97 MAY 12 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000013223 (9)**

Corporation Name
UTC II, INC.

Principal Place of Business	Mailing Address
702 NORTH FRANKLIN STREET TAMPA FL 33602	702 NORTH FRANKLIN STREET TAMPA FL 33602

Date Incorporated or Qualified: 02/16/1995	Date of Last Report:
21 Principal Place of Business: c/o R. H. Kessel	26 Mailing Address: c/o R. H. Kessel
22 Suite, Apt. #, etc.:	27 Suite, Apt. #, etc.: P. O. Box 111
23 City & State:	28 City & State: Tampa, Fl
24 Zip: 33602-4418 25 Country: US	29 Zip: 33601-0111 30 Country: US
FEI Number: 59-3304241 ☐ Applied For ☐ Not Applicable	
Certificate of Status Desired ☐ $8.75 Additional Fee Required	
☐ $5.00 May Be Added to Fees	
This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No	

Name and Address of Current Registered Agent

MCDEVITT, S M
702 NORTH FRANKLIN STREET
TAMPA FL 33602

Name and Address of New Registered Agent

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSTORYZ, J A 702 NORTH FRANKLIN STREET TAMPA FL 33602 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OAK, A D 702 NORTH FRANKLIN STREET TAMPA FL 33602 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T/D ☐ Change ☒ Addition 700002178557--4 -05/14/97--01099--002 ***1815.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KESSEL, R H 702 NORTH FRANKLIN STREET TAMPA FL 33602 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition Adlan 5/12/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

I do hereby certify that the information supplied with this filing is true, complete and accurate; is executed in accordance with the applicable provisions of Florida Statutes; and that my electronic 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 added, mailing address may be added.

SIGNATURE: R. H. Kessel 4/28/97 (813) 228-4218
3/8/96 (813)228-4218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.H. Kessel