

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

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Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90008 001 *1,500.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013223

1. Corporation Name
UTC II, INC.



Principal Place of Business
**C/O R.H. KESSEL
702 NORTH FRANKLIN STREET
TAMPA FL 33602-4418
US**

Mailing Address
**C/O R. H. KESSEL
P.O. BOX 111
TAMPA FL 33601-0111**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O D. E. Schwartz Suite, Apt. #, etc. 22 702 N. Franklin St. City & State 23 Tampa, FL Zip Country 24 33602-4418 25 U.S.		2a. Mailing Address 26 C/O D. E. Schwartz Suite, Apt. #, etc. 27 P.O. Box 111 City & State 28 Tampa, FL Zip Country 29 33601-0111 30 U.S.		3. Date Incorporated or Qualified 02/16/1995	
		4. FEI Number 59-3304241		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MCDEVITT, S M
702 NORTH FRANKLIN STREET
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTORYZ, J A	1.2 NAME	
STREET ADDRESS	702 NORTH FRANKLIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, G. L.	2.2 NAME	
STREET ADDRESS	702 NORTH FRANKLIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSEL, R H	3.2 NAME	Kessel, R. H.
STREET ADDRESS	702 NORTH FRANKLIN STREET	3.3 STREET ADDRESS	702 N. Franklin St.
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Schwartz, D. E.
STREET ADDRESS		4.3 STREET ADDRESS	702 N. Franklin St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

D. E. Schwartz, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 228-1808
Daytime Phone #

CR2E034 (1/98)

0383296