


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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000016367 (1) 1. Corporation Name U3 CORPORATION					
Principal Place of Business 1111 SOUTH U.S. HWY. ONE SUITE 226 STUART FL 34994			Mailing Address 1111 SOUTH U.S. HWY. ONE SUITE 226 STUART FL 34994		
2. Principal Place of Business 21 1273 NW SPRUCE RIDGE DR		22a. Mailing Address 22 1273 NW SPRUCE RIDGE DR		3. Date Incorporated or Qualified 02/24/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/30/1996	
City & State 23 STUART FL		City & State 28 STUART FL		4. FEI Number 65-0583261	
Zip 24 34994		Country 25 MARTIN		Applied For Not Applicable	
Zip 29 34994		Country 30 MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BECKER, A. NEIL 1111 SOUTH U.S. HWY. ONE SUITE 226 STUART FL 34994				10. Name and Address of New Registered Agent 81 Name BECKER A. NEIL 82 Street Address (P.O. Box Number is Not Acceptable) 1273 NW SPRUCE RIDGE DR. 83 84 City STUART FL 85 Zip Code 34994	
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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do 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 its 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 in an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4/28/97 561-287-0304
Date Daytime Phone #