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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000027128	(4)
1 Lornoration Name		. ,

UNITED RESEARCH CORP.

City & State City & State City & State City & State City & State City & State Country Zip	Principal Place of Business 481 NW 107TH AVE PEMBROKE PINES FL 33026		481 NW 107TH	Mailing Address 481 NW 107TH AVE PEMBROKE PINES FL 33026-4030							
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Suite. Apr. #, etc. Suite. Apr. #, etc. Suite. Apr. #, etc.		lace of Business		dress				4. FEI Number		Ap	
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Country Zip Country Zip Country Single part	City & Stat	C	City & State	8				6. Election Campaign Financing		\$5.00	May Be
29	23							Trust Fund Contribution		Added t	o Fees
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 Zip Code 83	·, ·	h	h	3		itry					. 199.032,
481 W 107TH AVE PEMBROKE PINES FL 33028 82 83 84 City FL 65 Zip Code 11. Pursuant to the provisions of Socious 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 607 0508, Florida Statutes. SIGNATURE 12. OF FICE RS AND DIRE CTORS 13. ADDITIONS/CHANGE\$ TO OFFICERS AND DIRECTORS IN 12 ITHE 11. TITLE 11. TITLE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGE\$ TO OFFICERS AND DIRECTORS IN 12 ITHE 14. TITLE 15. TITLE 16. TITLE 16. TITLE 16. TITLE 16. TITLE 16. TITLE 16. Change Addition 17. Addition 18. ADDITIONS/CHANGE\$ TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGE\$ TO OFFICERS AND DIRECTORS IN 12 19. TITLE 10. Change Addition 10. Change Ad		9. Name and Address of Curre	ent Registered Agen					<u> </u>	glatered	Agent	
PEMBROKE PINES FL 33026 83					1	81	Name				
83 84 City FL 85 Zip Code					Ī	B2	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its 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 arms ar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICE RS AND DIRECTORS 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE MAME STREET ADDRESS CITY-ST-7P TITLE ORAGE 1.5 STREET ADDRESS CITY-ST-7P TITLE ORAGE 3.1 STREET ADDRESS CITY-ST-7P TITLE ORAGE 3.2 MAME 3.2 STREET ADDRESS CITY-ST-7P TITLE ORAGE 3.3 STREET ADDRESS CITY-ST-7P TITLE ORAGE 3.3 STREET ADDRESS CITY-ST-7P TITLE ORAGE 3.4 STREET ADDRESS CITY-ST-7P TITLE ORAGE 4.4 STREET ADDRESS S	r cm	IDHONG FINES LE 20020			1	83		<u>,</u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent and farmour with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, yet doe; refer to more or registered agent agent and title diappaticular of the obligations of Section 607.0505, Florida Statutes. 12.					ļ.	B4	City	*		85 Zip (Code
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 agent and accept the objigations of, Section 607 0505, Florida Statutes. SIGNATURE											
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14. I do hereby certify that the information supplied with this filling 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 of supplemental aprival 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 this corporation or the receiver of 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 change it, or on an attactment with an address.

6.4 City-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

- CITY - \$1 - 71P

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-27-97

(954) 236-63

Change

Addition

FILED

Feb 03 1997 8:00am

Secretary of State