FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
COF	PROFIT RPORATION UAL REPORT 1998	FLORIDA DEPAR Sandra B. Secretary DIVISION OF C	Mortham of State	Jan 28 1998 8:00	
DOCU		0040834 (0)		Secretary of Sta	ue
1. Corporation	on Name	3040004 (U)			
UMI SI	ERVICES, INC.			E CORNELIO IIIN CONTE ANGLE ANIII GALLE ANIII ANIII ALIII	B181 1881
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Principal Place of Business Mailing Address) (autrem) ita (atat atti autri meste usti) aufitt esätt autu ilbriba (titi	
4542 E. BUSINESS HWY. 98 4542 E. BUSINESS HWY. 98 PANAMA CITY FL 32404 PANAMA CITY FL 32404					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/22/1995	
2. Principal P	Place of Business	2a. Mailing Address			lied For
21					Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired Fee Rec	
City & State City & State				6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Inta	
24	25		30	Personal Property Tax due June 30. Yes	No
PI	 Name and Address of Curren AIR, JOEY W 	t negistereu Agent	81 Name	10. Name and Address of New Registered Agent	
1 1111	219 N. MARY ELLA AVE.			/DO Do Niero la Niero	
1	9 N. MARY FILA AVE.		Con Chroni Ani		
219	9 N. Mary ella ave. Nama city fl 32404			dress (P.O. Box Number is Not Acceptable)	
219	 -		82 Street Add	aress (P.O. Box Number is Not Acceptable)	
219	 -			eress (P.O. Box Number is Not Acceptable)	ode
219 PA	NAMA CITY FL 32404	2 and 607.1508, Florida Statutes	83 84 City	FL 85 Zip Ci	
219 PA	NAMA CITY FL 32404	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	83 84 City		
219 PA	NAMA CITY FL 32404 to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations.		83 84 City s, the above-named counthorized by the corporada Statutes.	FL 85 Zip Corporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as re	
21s PA	NAMA CITY FL 32404 to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obligations Signature, typed or printed name of registered agent OFFICERS AND	nt and title if applicable. (NOTE,	83 84 City	FL 85 Zip Corporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as re	registered egistered
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14. I 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 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.

SIGNATURE:

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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DELETE

STREET ADDRESS

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TITLE

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