FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1996

P95000043174 (8)

UNEAT	IVE DESKTOP, ING.					
Principal Place o	of Business	Mailing Address				I laftilaft 146 1610t Ditti aftil abiti shiri etat sust irdin tean eren eren
9119 LYTHAM COURT			9119 LYTHAM COURT			
ORLANDO FI	L 32819	ORLANDO FL	32819			
						3. Date Incorporated or Qualified 3a. Date of Last Report 606/02/1995
2. Principal Plac	ce of Business	2a. Mailing Addres	s			4. FEI Number Applied For
21		26				59-3319530 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
2 27 City & State			City & State			6. Election Campaign Financing\$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	<u> </u>		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	-,		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent		81	Name	
				61		
	COLLEEN K			82	Street A	Address (P.O. Box Number is Not Acceptable)
	THAM COURT			83	 	
ORLANI	DO FL 32819					
				84	City	FL 85 Zip Code
nr ronistoro	o the provisions of Sections 607.0 d agent, or both, in the State of F n, and accept the obligations of, S	iorida. Such chande was a	utrionzea by the	corp	named co poration's	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am
	i, and accept the obligations of c	0000011001100000	initial in the second			
SIGNATURE .	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE: Register	ed Age	nt signature re	required when reinstating) DATE
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELE	i i	TITLE		
NAMS				NAME		CRAIG D. TANZY 9119 LYTHAM CT ORLANDO FL 32819
STREET ADDRESS					T ADDRESS	32819
CITY-ST-ZIP		DELÉ		TITLE	ST-ZIP	Change Addition
TITLE				NAME		
NAME STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TILE		☐ DELE		TITLE		Change Addition
NAME			32	NAME		
STREET ADDRESS			33	STRE	ET ADDRESS	S
CITY-ST-ZIP					ST-ZIP	Charge C Addition
TITLE		☐ DELE		1 TITLE		☐ Charge ☐ Addition
NAME				NAME		
STREET ADDRESS					T ADDRESS	;
CITY - ST - ZIP		☐ DELE		CITY- 1 TITLE	SI-ZIP	Charge Addition
TITLE				NAME		
NAME CANCEL ADDRESS					T ADDRESS	S
STREET ADDRESS					-ST-ZIP	
CHTY-ST-ZIP TITLE		DELE		1 THE		Change Addition
NAME				NAME		
STREET ADDRESS			63	STAE	ET ADDRESS	s
CITY-ST-ZIP			64	CITY-	ST-ZIP	
A A Lata baselo	L	lind with this filing is volunt:	rily furnished ar	nd do	es not nu	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: