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

1996

DOCUMENT #

P95000045963 (2)

UNCOA	MMON GROUNDS INC.				
Principal Place of Business Mailing Address				e indichbi ein iftige Beter ubjet fiffet	00111 ESIM 61631 01112 (8110 01106 1111 106)
3889 FLAG DRIVE 3889 FLAG DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410					
				3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-059-099	Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc).	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes 📋 Yes	
	9. Name and Address of Curre	nt Registered Agent	ad n	10. Name and Address of New R	
			81 Name	idia Comeau./	Uncommon Grades.
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BL;VD. 82 Street Addict. 33899				as ip.u. Box number is inol acceptabl	Θ)
	•		83	FLAG DR	
SUITE 2	EACH GARDENS FL 33418				
FALM DO	EACH GANDENS FL 33410		84 City (Deal Gardons	85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508. Florida St	atutes, the above-named corpora	ation submits this statement for the pur	nose of changing its registered office.
or registere	ed agont, or both, in the State of Flor	rida. Such change was auth	norized by the corporation's board	d of directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE	Allolo Com	0012	Cidia Concau	. }	stra la
	Signatury, typed or printed name of registered age-	it and title if applicable.	(NFTE Registered Agent signature required	when reinstating!	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
T:1LE	D COMEAN INDIA	D DELETE	1. 1 TITLE		Change Addition
NAME STREET ADDRESS	COMEAU, LYDIA % 3889 FLAG DRIVE		1.2 NAME		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	1.3 STREET ADDRESS		
T:TLE	D	[] DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	FITTON, MICHAEL		2.2 NAME		
STREET ADDRESS	% 3889 FLAG DRIVE		2 3 STREET ADDRESS		
CHY-\$1-ZIP	PALM BEACH GARDENS FL	. 33410	2 4 CITY - ST - ZIP		
TrTLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		E DELETE	3 4 CITY - ST - ZIP		
Tille		☐ DEFELE	4 1 TITLE		Change
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TIRLE		DELETE	4.4 C(TY - ST - Z(P) 5 1 T(TLE		Change Addition
NAME			5 2 NAME		El avendo El vidorità
STREET ADDRESS			5.3 STREET ADDRESS		
C-1Y - S1 - ZIF			5.4 CITY - ST - ZIP		
THEF		☐ DELETE	6 1 TITLE	·	Change Addition
NAM:			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-1Y-SI-ZIP	and further the left	and Acid Florida	6.4 CITY-ST-ZIP		
oath; that f	uie information indicamo en fais anc	iual report or supplemental oration or the receiver or tri	annual report is true and accurati ustee empowered to execute this	r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Fic	anno logal officat on if made under

SIGNATURE: William Comments

4-16-94 47-607-0957

3R2E034 (12/9)