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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISIO	IN OF CORPOR	RATIC	ONS			
DOCUN 1. Corporation	MENT # P9500	0055825	(0)					
	UX & GOSSLING, INC.							
t Allab	ox a dobblina, into					I (A BITA BI TIR (BIA) BIJUT BRAJI BRITA BA		/1 6 (1 16) 6 (11) 6 (1
Dringinal Place	of Dunings	Mailing Address						
·								
1299 SW 13 PLACE BOCA RATON FL 33486		1299 SW 13 PLACE BOCA RATON FL 33486						
						3. Date Incorporated or Qualified	3a. Date of Last	Report
						07/17/1995		
2. Principal Pta	ce of Business	F ~n ~	2a. Mailing Address			4. FEI Number 65 ~ 06055	52	Applied For
21 Suite, Apt. #	, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.					Not Applicable 5 Additional
22]		27	27			5. Certificate of Status Desired	1 1	e Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		00 May Be
23 Zip	Country	Zip	28 Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s 199.032,		
24 25		29	30		Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent	
GOSS. JAMES P				L.				
1299 SW 13 PLACE BOCA RATON FL 33486				82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
				83				
				84	City		— 85 2	Zip Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida	Statutes, the abo	200	amed corr	poration submits this statement for the purp	ose of changing its	registered office
or registere	od agent, or both, in the State of Flor n, and accept the obligations of, Sec	rida. Such change was au tion 607 0505. Florida St	ithorized by the abutes	corp	oration's bo	poration submits this statement for the purpo oard of directors. Thereby accept the appoir	ntment as registere	ed agent. I am
SIGNATURE	•							
12.	Signature, types or printed name of registered ages OFFICERS AN	et and title it application. ND DIRECTORS	(NOTE Registered	d Ager	it Signist (In Fest)	ured when reinstating: ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECT	ORS IN 12
TITLE	DP	DELET		 MJ_F		7,00110143 01744020 10 01710	Change	
NAME	GOSS, JAMES P		12 N	IAME				
STREET ADDRESS	1299 SW 13 PLACE		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486			1.4 CITY - ST ZIP 2 1 TITLE			Change	e [] Addition
TITLE NAME	DVST DELETE GOSS, VIRGINIA A		1	2.2 NAME			Change	: Addition
STREET ADDRESS	1299 SW 13 PLACE			2.3 STHEET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33486		2.4 CITY		1-716			
TITLE		DELET					☐ Change	e 🔲 Addition
NAME express appeared			32 N		CADDRECC			
STREET ADDRESS CITY-ST-ZIP				314 - S	L-ZIP			
TITLE		DELE1			····· · · · · · · · · · · · · · · · ·		☐ Change	e 🔲 Addition
NAME			4.2 N	IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-7IP TITLE		DELET		MIY-S TITLE	31 - ZIF		Change	e Addition
NAME			5.2 N		Ì			
STREET ADDRESS			538	STREET	ADDRESS			
CITY-ST-ZIP				6 4 CITY - ST - ZIP				
TITLE		☐ DELET					☐ Change	e
NAME STREET ADDRESS			624		ADDRESS			
CITY-ST-ZIP				STREET STY-S	1			
14. I do hereby	certify that the information supplied	with this filing is voluntar	ity furnished and	doe	s not qualif	fy for the exemption stated in Section 119.0 urate and that my signature shall have the sa	7(3)(k), Florida Stat	lutes. I further
oath; that I	am an officer or director of the corp	ioration or the receiver or	trustee empowe	ered	ra and acci to execute	tirate and that my signature shall have the sa this report as required by Chapter 607, Flor	ame legal ellect as ida Statutes; and t	that my name
appears in	Block 12 or Block 18 if changed, or	on an attachment with a	raduress.					_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: χ

Ward 12,1996 (407) 393-0515