

FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Feb 25 1997 8:00am Secretary of State	
DOCUMENT # P95000657807 (6)					
1. Corporation Name UNITED RESEARCH SUPPLIES, INC.					
Principal Place of Business 1876 N. UNIVERSITY DR. PLANTATION, FL 33322		Mailing Address P.O. BOX 17766 FT. LAUD, FL 33318			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7/24/95	
21		26		3a. Date of Last Report	
22		27		4. FEI Number 65-0597026	
23		28		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent DICKLER, CARA 1876 N. UNIVERSITY DR #2000 PLANTATION, FL 33322			10. Name and Address of New Registered Agent		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			81 Name		
SIGNATURE: [Signature]			82 Street Address (P.O. Box Number is Not Acceptable)		
(NOTE: Registered Agent signature required when reinstating)			83		
DATE: [Date]			84 City		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 NAME 1.2 STREET ADDRESS 1.3 CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
2.1 NAME 2.2 STREET ADDRESS 2.3 CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
3.1 NAME 3.2 STREET ADDRESS 3.3 CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
4.1 NAME 4.2 STREET ADDRESS 4.3 CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
5.1 NAME 5.2 STREET ADDRESS 5.3 CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
6.1 NAME 6.2 STREET ADDRESS 6.3 CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing 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			100002098421 -02/26/97--01056--011 ***165.00		
SIGNATURE: [Signature]			2-19-97 (954)236-6351		