

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000067335 (6)

1. Corporation Name

UNITED LABOR OF AMERICA, INC.



Principal Place of Business: **2536 COUNTRYSIDE BOULEVARD FIFTH FLOOR CLEARWATER FL 34623**
Mailing Address: **2536 COUNTRYSIDE BOULEVARD FIFTH FLOOR CLEARWATER FL 34623**

3. Date Incorporated or Qualified: **08/30/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 2536 Countryside Blvd Suite, Apt. #, etc. 22 Fourth Floor City & State 23 Clearwater, Florida Zip 24 34623	26 2536 Countryside Blvd Suite, Apt. #, etc. 27 Sixth Floor City & State 28 Clearwater, Florida Zip 29 34623 Country 30 US

4. FEI Number 59-3333378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUDNA, HEATHER L
2536 COUNTRYSIDE BOULEVARD FIFTH FLOOR
CLEARWATER FL 34623

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, MARK B
STREET ADDRESS	2536 COUNTRYSIDE BOULEVARD FIFTH FLOOR
CITY-STATE-ZIP	CLEARWATER FL 34623
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P/D/S
2.3 STREET ADDRESS	Boesch, Gary R
2.4 CITY-STATE-ZIP	2536 Countryside Blvd
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thornton, R. Maury
3.3 STREET ADDRESS	2536 Countryside Blvd
3.4 CITY-STATE-ZIP	Clearwater, FL 34623
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. 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 attached form with an address

SIGNATURE *R. Maury Thonton* **R. Maury Thonton**, Treas **2/6/96** (813) 726-
Date Date
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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