FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

97 98 AR

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

APPROVED AND FILED

98 JUN 15 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069622

1. Corporation Name
Unlimited Framing, Inc.

Principal Place of Business
3884 Tampa Rd.
FL. Oldsmar. 34677

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

3. Date Incorporated or Qualified
9/06/95

4. FEI Number
59-3347765

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Jawdet I. Rubaii
1358 S. Missouri Ave
Clearwater, FL 34695

10. Name and Address of New Registered Agent

81 Name: Jawdet I. Rubaii
82 Street Address (P.O. Box Number is Not Acceptable): 1358 S. Missouri Ave
83
84 City: Clearwater **FL** 85 Zip Code: 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: _____ DATE
(Signature of New Registered Agent, if changed) (NOT Registered Agent's signature, if not changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Leo Ouellette		12 NAME	400002509414--1
STREET ADDRESS	7446 Donegal St		13 STREET ADDRESS	-05/04/98--01055--001
CITY-ST-ZIP	N.P.R. FL 34653		14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	Vice Pres D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Paul Young		22 NAME	400002509414--1
STREET ADDRESS	107 N. Ilex Ct		23 STREET ADDRESS	-06/23/98--01077--005
CITY-ST-ZIP	Safety Harbor FL 34695		24 CITY-ST-ZIP	****115.00 ****115.00
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☑ Change ☐ Addition
NAME			62 NAME	6-11-98
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Paul M Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/98 813-814-2014
Date Daytime Phone #

CR2E034 (10/97)